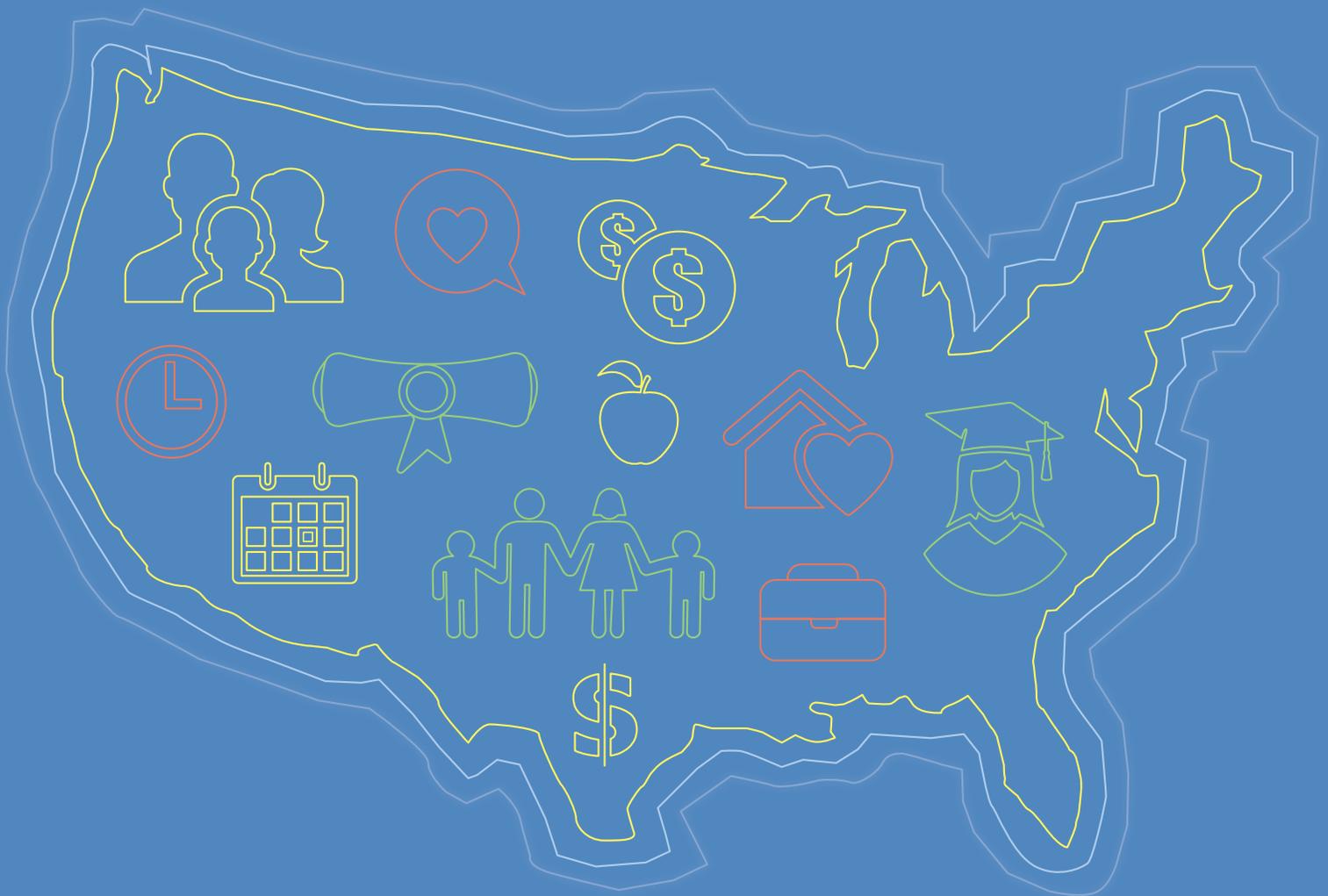


# The Benefits of Birth Control in America

Getting the Facts Straight



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# The Benefits of Birth Control in America

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## Getting the Facts Straight

By Kelleen Kaye, Jennifer Appleton Gootman, Alison Stewart Ng, and Cara Finley

# The Benefits of Birth Control in America: Getting the Facts Straight

This report was developed with the support of The JPB Foundation, whose mission is to enhance the quality of life in the United States through transformational initiatives that promote the health of our communities by creating opportunities for those in poverty, promoting pioneering medical research, and enriching and sustaining our environment.

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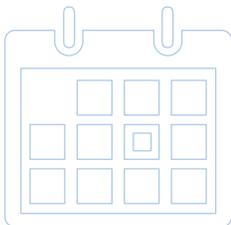
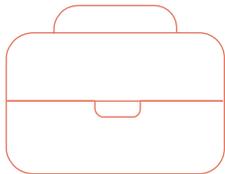
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# 1 Summary

Pregnancy planning in general, and the use of birth control in particular, are directly linked to a wide array of benefits to women, men, children, and society, including fewer unplanned pregnancies and abortions, more educational and economic opportunities for young women, improved maternal and infant health, greater family wellbeing, and reduced public spending.

Given that the large majority of both men and women are sexually active (for example, more than three-quarters of young adults age 18 to 24 have had sex in the past 12 months<sup>1</sup>), birth control is central to realizing these benefits. In fact, the Centers for Disease Control and Prevention (CDC) recognizes the development of modern contraception as one of the 10 greatest public health achievements of the 20<sup>th</sup> century.<sup>2</sup>

Nonetheless, the United States has long reported high levels of unplanned pregnancy<sup>3</sup> and very uneven use of contraception. For example, even though most unmarried women in their 20s say they don't want to get pregnant and despite the availability of many forms of birth control—including some that are highly effective—only half of those who are sexually active report using reliable contraception consistently.<sup>3</sup> Unplanned pregnancy is nearly 100 percent preventable, yet...

- Roughly half of all pregnancies in the United States are reported by women to be unplanned—that is, a pregnancy that a woman herself said she was not intending or actively trying to achieve.<sup>4</sup>
- Among unmarried young women age 20 to 29, the percentage of pregnancies that they report as being unplanned is nearly 70%. This totaled roughly 1.3 million unplanned pregnancies in 2008 alone, and unplanned pregnancy among young adults has been trending up for the past few years, not down.
- Nearly half (44%) of unplanned pregnancies among unmarried young women result in an abortion, leading to nearly 600,000 abortions each year.
- In addition, unplanned pregnancy is responsible for more than half of all births to unmarried women in their twenties, or more than 500,000 births each year<sup>5</sup>
- Women using birth control carefully and consistently account for only 5% of all unplanned pregnancies.<sup>6</sup>

## Reduced Unplanned Pregnancy and Abortions<sup>7</sup>

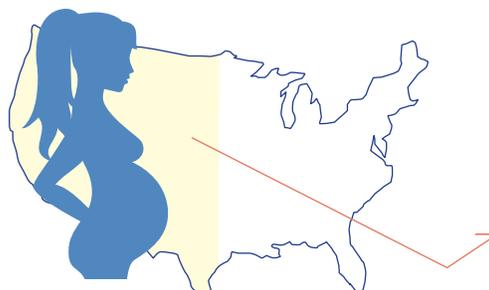
**Greater access to and consistent use of birth control is essential to significantly reducing the number of unplanned pregnancies and abortions in the U.S.**

At present, the majority of unplanned pregnancies and abortions occur to women who were either not using birth control at all, or not using it consistently.

Past improvements in the use of birth control show the role it can play in reducing unplanned pregnancy and abortion. Between 1982 (when national data on contraceptive use among unmarried women became available) and 2002, abortion and unplanned pregnancy fell as use of birth control increased. Unfortunately, progress has since stalled on this front, particularly among unmarried women age 20 to 29. Of these women who are at risk of an unplanned pregnancy, use of birth control has fallen since 2002, while their rate of unplanned pregnancy has risen.

Currently, women using birth control carefully and consistently account for only 5% of all unplanned pregnancies. On the other hand, women using no contraception account for 52% of unplanned pregnancies, and women using contraception inconsistently account for 43%. Non-use and inconsistent use of birth control account for similar shares of abortions. Part of the explanation for these high numbers lies in persistent cost and access barriers to contraceptive care. For example, a recent study found that one-third of women seeking an abortion reported that they had *not* been using their preferred method of birth control due to cost and access barriers.

Highly effective methods of birth control such as the pill or the intrauterine device (IUD) are more than 99% effective when used consistently and correctly, and there are encouraging studies showing the steep declines in unplanned pregnancy and abortion that can result when cost and access barriers to birth control are removed. For example, when the St. Louis CHOICE project provided women with contraceptive counseling, a free method of their choice, and a



**Roughly half of all pregnancies in the US are reported by women themselves as unplanned.**



patient-centered clinic experience, the majority of participants chose the highly effective, low maintenance IUD. In the year that followed, the abortion rate among project participants was less than half that of nonparticipants in the same area and roughly one-fourth the national rate. Researchers concluded that replicating efforts similar to CHOICE at a national level could prevent as many as three-quarters of all abortions.

Family planning—along with affordable and accessible health care, skilled providers, and quality service delivery—are essential tools for helping women and their partners avoid an unplanned pregnancy, which in turn would significantly decrease the nation’s abortion rate.



**Among unmarried women (age 20–29) nearly 70% of all pregnancies are unplanned.**

## Advancements in Women’s Education and Employment<sup>8</sup>

**Women’s educational attainment and participation in the labor market have increased dramatically since modern family planning became widely available to both married and unmarried young women in the early 1970s.** Between 1970 and 2012, the percent of women 25 and older with at least a high school diploma increased from 55% to 88%, and the percent with at least a bachelor’s degree increased from 8% to 31%. Over roughly that same period, the percent of

women who were employed increased from 41% to 53%, and weekly wages among working women age 25 and older increased roughly 40%, net of inflation. At the same time that women were experiencing greater success in the labor market, they were also delaying the birth of their first child until they were slightly older and achieving higher levels of education before they became mothers.

Many factors have played a role in women’s growing success, but the weight of the evidence shows that being able to time when to become a parent has a significant and direct effect on employment and educational gains. Delaying even a couple years can allow a woman to complete her education and have a more solid footing in the labor market. Women earn 3% more *for each year* of delayed childbearing, even after accounting for differences in other background characteristics that affect their earnings. These studies also suggest that, for those women seeking to do so, delaying childbearing results in earnings benefits for both advantaged and disadvantaged women alike.

The availability of birth control has played a direct role in these improvements. Even the modest expansion in availability of the pill that occurred in the early 1970s—when unmarried women in some states gained access at age 18 rather than at age 21—was linked to significant improvements in women’s education and employment. Compared to women living in states that were slow to offer broad access to the pill, women in states with easier and earlier pill access were 10% to 20% more likely to be enrolled in college at age 21 and had higher earnings trajectories that persisted even into their 40s—a finding that remained robust even after netting out the influence of other factors.



**Low birthweight is 2/3 more likely following an unwanted pregnancy.**

## Improved Maternal and Infant Health<sup>9</sup>

**Mothers are healthier when they are able to control when they become pregnant through the use of family planning, and their infants benefit as well.** Simply put, women who plan their pregnancies are more likely, and in many cases are more able, to do a variety of things that increase both maternal and child health—achieve adequate birth spacing, gain access to preconception and prenatal care, and avoid smoking and drinking. Such practices lower the risk of preterm birth, low birthweight, infant mortality, and congenital abnormalities.

Conversely, women whose pregnancies are not planned are more likely to enter pregnancy at less than optimal health; in particular, and by definition, they are less likely to have secured preconception care. In the months leading up to pregnancy, they are significantly less likely to be physically active and more likely to be either underweight or obese, less likely to take daily vitamins, more likely to be anemic, and more likely to experience high levels of stress. Unplanned pregnancies are also more likely to be closely spaced. Pregnancies less than 18 months apart are considered

Pregnancy planning means fewer health disparities and reduced child poverty.

Pregnancy planning and birth control are linked to advancements in education and economic opportunities for women.

risky and, not surprisingly unplanned pregnancies are more than twice as likely to fall within this window, compared to planned pregnancies.

These health disparities continue into the months of pregnancy as well. Women experiencing unplanned pregnancies are more than twice as likely to lack prenatal care early in their pregnancy—a finding that remains significant even after controlling for a variety of confounding factors. Their participation is particularly low during the first trimester, in part because they are less likely to be aware of their pregnancy early on. They are also more likely to do things that reduce the odds of a healthy birth. For example, the CDC found that among women reporting their pregnancy was unplanned, 16% smoked during pregnancy, compared to 10% among women whose pregnancy was planned. Numerous studies have found this increased risk held true even after adjusting for other factors. There is also some evidence suggesting increased use of alcohol and illicit drugs if the pregnancy was unplanned.

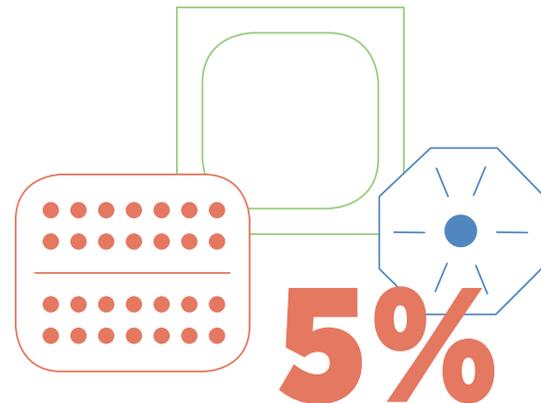
Given the link between unplanned pregnancy and less healthy behavior in the prenatal period, it's not surprising that unplanned pregnancy is also associated with significantly higher rates of preterm birth and low birthweight, with the risk particularly great following an *unwanted* pregnancy (that is, a pregnancy to a woman who reported that she did not want to get pregnant then or any time in the future). In fact, babies were two-thirds more likely to be of low birthweight if they followed an unwanted pregnancy, as compared to a planned pregnancy.

Furthermore, the behavior of mothers *following delivery* continued to be more positive among women whose pregnancies were planned. Seventy-four percent of babies born following a planned pregnancy were breastfed, compared to 61% of babies following mistimed pregnancies and only 56% of babies following unwanted pregnancies, according to the latest data from the CDC. The CDC also reports that postpartum depression is nearly twice as high among women whose pregnancy was unplanned, and numerous studies conclude that unplanned pregnancy significantly elevates the risk of postpartum depression or other mental health problems, even net of other factors.

## Improved Family Wellbeing<sup>10</sup>

**Delaying pregnancy until one is actually seeking parenthood significantly improves parent-child relations and increases the odds that children reside in two-parent households.**

The average age of marriage has climbed much more steeply



**Women using birth control carefully and consistently account for only 5% of all unplanned pregnancies.**

over the last few decades compared to the average age of parenthood. As a result, since 1970 the percent of children born outside of marriage among twenty-somethings has increased dramatically from 7% up to 48%. Yet the vast majority of unmarried young women say they do not want to become mothers right now and of those who do have a birth, more than half (53%) report they were not trying to get pregnant. Either they did not want to get pregnant ever, or they got pregnant earlier than they wished—three years too early, on average.

Delaying parenthood until pregnancy is planned increases the likelihood that children are born to parents who are married at the time of birth or shortly thereafter, reduces relationship conflict between the parents, and increases the chances that the parents stay together. Overwhelming evidence shows that children, in turn, fare better when both parents are present in the home and in particular when their parents are married. Children born to married parents are less likely to live in poverty than those born to single or cohabiting parents, even if their parents came from disadvantaged backgrounds. They also tend to benefit from better parenting and experience fewer behavioral problems, less transition in the household, and less geographic instability, even after controlling for other factors.

Pregnancy planning also contributes to family wellbeing in ways beyond family structure. Parents experience less depression and greater attachment to their children if a birth follows a planned pregnancy, and this translates into more positive child development and parent-child relationships as the child ages.

Planned pregnancy reduces relationship conflict.



Public funding for contraception saves nearly \$6 in medical costs for every \$1 spend on contraceptive services.

## Benefits to Society<sup>11</sup>

**Pregnancy planning achieved through both the availability and affordability of birth control also benefits society as a whole in terms of fewer health disparities for disadvantaged populations, reduced child poverty, and lower public spending.**

Public funding of family planning became increasingly available between 1965 and 1973 but was not available everywhere, and even as it was becoming more widely available from a legal standpoint, birth control remained too costly for many women. This was a hardship for low-income women in particular, who were more likely to report that the birth of their child followed a pregnancy they did not intend—either they had wanted to get pregnant later or they did not want to get pregnant ever. One study estimates that in areas where family planning grants were first introduced over this period, use of the pill increased by 16 to 20% among low-income women, enabling them to use birth control on par with higher income women. By 1980, these areas experienced a 5% decline in child poverty and a 15% decline in receipt of public assistance compared to counties that did not receive family planning grants, net of other factors. Overall, between 1973 and 1982 the share of low-income mothers who reported that the birth of their child followed an unplanned pregnancy fell by 16% and the share following an unwanted pregnancy fell by more than half, based on data from the CDC (measured among ever-married mothers).

Despite these early improvements, women today who are economically disadvantaged remain at higher risk for unplanned and particularly unwanted pregnancy, compared to women who are not. That is one reason why publicly funded programs that make birth control available at low cost or no cost remain critically important for their families' wellbeing.

What's more, an extensive body of literature concludes that these programs actually reduce public spending overall. Providing public funding for birth control saves nearly \$6 in medical costs for every \$1 spent on contraceptive services. Increasing access to affordable birth control does entail some cost. However, the evidence overwhelmingly suggests that these costs are more than offset by the savings that result from preventing unplanned pregnancies. Currently, estimates of public spending due to unplanned pregnancy range between \$9.6 billion and \$12.6 billion each year, and one recent report estimates that this cost would double in the absence of publicly funded family planning programs.

Increased coverage of family planning is also associated with private sector savings to insurers, employers, and individuals. For example, one analysis of medical claims data estimated that using contraception resulted in a two-year net savings per person of between \$8,827 and \$9,815, compared to those who did not use contraception.

## What It All Means

**Bottom line: The capacity to plan and space pregnancies—which is typically achieved through the use of birth control—has significant and meaningful benefits for women, children, families, taxpayers, and more.<sup>12</sup>** Pregnancy planning increases the overall educational status of women and communities; it advances the health and wellbeing of children and families; it saves money; and it reduces abortion. As such, birth control deserves widespread support, expressed in a number of ways including minimal cost and access barriers, a prominent place in public health priorities and health care services, and broad political support.

But it is also true that for the most disadvantaged women and communities, the widespread use of birth control alone is not a panacea. For these women and communities, realizing the full benefit of pregnancy planning, spacing, and prevention also requires additional efforts to promote educational attainment, better schools, stronger families, economic opportunities, job readiness, and more. Put another way, birth control alone cannot solve crushing poverty, but it can open the door to increased opportunity.

## Notes

<sup>11</sup> Unplanned pregnancy (also known as unintended pregnancy) refers to a pregnancy that a woman herself reports was not intended at the time of conception. Unplanned pregnancy includes both mistimed pregnancies (that is, the woman reported she did not want to become pregnant at the time the pregnancy occurred but did want to become pregnant at some point in the future) as well as unwanted pregnancies (that is, the woman reported at time of conception that she did not want to become pregnant then or at any time in the future). Many studies summarized here report the effects of unplanned pregnancy overall, while some focus specifically on either unwanted or mistimed pregnancies, as noted previously.

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# 2

## Unplanned Pregnancy, Abortion, and the Benefits of Birth Control in America

Pregnancy planning in general, and the use of birth control in particular, are directly linked to a wide array of benefits to women, men, children, and society, including fewer unplanned pregnancies and abortions, more educational and economic opportunities for young women, improved maternal and infant health, greater family wellbeing, and reduced public spending.

Given that the large majority of both men and women are sexually active (for example, more than three-quarters of young adults age 18 to 24 have had sex in the past 12 months<sup>1</sup>), birth control is central to realizing these benefits. In fact, the Centers for Disease Control and Prevention (CDC) recognizes the development of modern contraception as one of the 10 greatest public health achievements of the 20<sup>th</sup> century.<sup>2</sup>

Nonetheless, the United States has long reported high levels of unplanned pregnancy<sup>3</sup> and very uneven use of contraception. For example, even though most unmarried women in their 20s say they don't want to get pregnant and despite the availability of many forms of birth control—including some that are highly effective—only half of those who are sexually active report using reliable contraception consistently.<sup>3</sup> Unplanned pregnancy is nearly 100 percent preventable, yet...

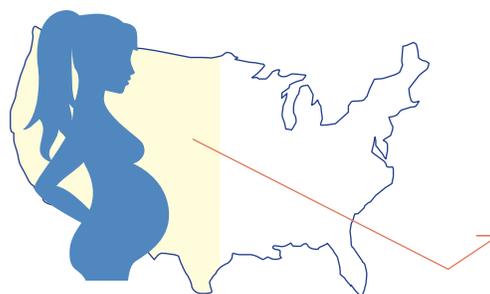
- Roughly half of all pregnancies in the United States are reported by women to be unplanned—that is, a pregnancy that a woman herself said she was not intending or actively trying to achieve.<sup>4</sup>
- Among unmarried young women age 20 to 29, the percentage of pregnancies that they report as being unplanned is nearly 70%. This totaled roughly 1.3 million unplanned pregnancies in 2008 alone, and unplanned pregnancy among young adults has been trending up for the past few years, not down.
- Nearly half (44%) of unplanned pregnancies among unmarried young women result in an abortion, leading to nearly 600,000 abortions each year.
- In addition, unplanned pregnancy is responsible for more than half of all births to unmarried women in their twenties, or more than 500,000 births each year<sup>5</sup>
- Women using birth control carefully and consistently account for only 5% of all unplanned pregnancies.<sup>6</sup>

### Progress in Reducing Unplanned Pregnancy and Abortion

Family planning is an effective way to prevent unplanned pregnancy—and because well over 90% of abortions are sought in the wake of an unplanned pregnancy, family planning also reduces abortion.<sup>7</sup> This is particularly true among unmarried women, who are more likely than married women to terminate an unplanned pregnancy.<sup>8</sup> In fact, only one in 20 unplanned pregnancies occur among women who were using contraception correctly and consistently.<sup>9</sup>

Past improvements in the use of contraception show the role it can play in reducing unplanned pregnancy and therefore abortion, although progress on this front has stalled more recently.

- The proportion of unmarried women using some form of contraception increased from 44% to 57% between 1982 (when data first became available) and 2002.<sup>10</sup>
- During this same period, there were also declines in unplanned pregnancy, which in turn led to declines in abortion. In fact, the abortion rate for unmarried women fell by roughly one-third.<sup>11</sup>
- Unfortunately, more recent news on this front has been less encouraging. Between 2002 and 2008 (the most recent year for which unplanned pregnancy data are available), the proportion of unmarried women using contraception has fallen while their rate of unplanned pregnancy has risen slightly.<sup>12</sup>



**Roughly half of all pregnancies in the US are reported by women themselves as unplanned.**

The capacity to plan and space pregnancies through the use of birth control has significant and meaningful benefits for women, children, families, taxpayers, and more.



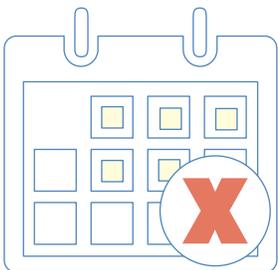
- It is important to recognize that, as a general matter, U.S. rates of unplanned pregnancy far exceed that of many comparable countries. For example, there were 54 unplanned pregnancies per 1,000 women in the United States compared to 38 per 1,000 in Europe as of 2008. Furthermore, while the overall rate of unplanned pregnancy in the United States has been nearly stagnant since 1995, the rate for Europe has fallen by 42%.<sup>13</sup>
- This, in turn, led to a United States abortion rate (19 per 1,000 women) that exceeded rates in Western, Southern, and Northern Europe in 2008 (12, 18, and 17 per 1,000 women respectively).<sup>14</sup>

And because modern contraception can help women plan when and if they become pregnant, it clearly plays a significant role in helping reduce the rates of abortion in America. To be sure, the evidence is imperfect—we do not have randomized trials of women with and without access to contraception, or even recent examples of large comparison groups who have little or no access, especially here in the United States. Even so, the weight of the evidence across numerous studies—even studies netting out the influence of other characteristics—shows the significant potential of contraceptive availability and use to reduce unplanned pregnancy and thereby reduce abortion as well.

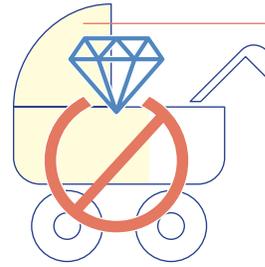
## The Role of Family Planning

In the United States, women using no contraception or using it inconsistently account for 52% and 43% of unplanned pregnancies respectively, and similar proportions of abortions. Only 5% of unplanned pregnancies result from method failure.<sup>15</sup> The proportion of unplanned pregnancies and abortions attributable to women using no contraception is particularly striking given that they account for only 8% of women at risk of an unplanned pregnancy.

Difficulties related to contraceptive cost and access factor prominently among these women. For example, one study found that, among women seeking an abortion, nearly one-third (32%) reported that they had not been using their desired method of contraception at the time they conceived due to access or cost barriers.<sup>16</sup>



**Nearly half of unplanned pregnancies among unmarried women (age 20–29) result in an abortion—nearly 600,000 abortions each year.**

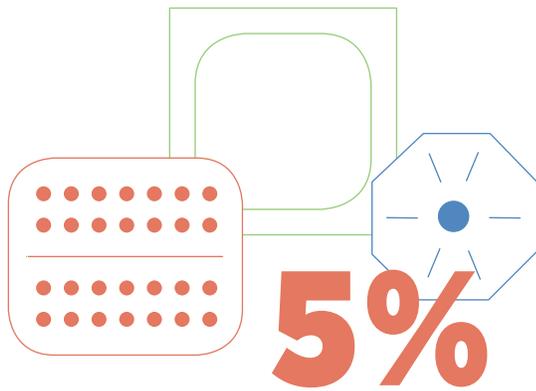


**Among unmarried women (age 20–29) nearly 70% of all pregnancies are unplanned.**

At the same time, highly effective methods of birth control such as the implant or the intrauterine device (IUD) are more than 99% effective when used consistently, and research shows that efforts to improve women’s access to and use of contraception significantly reduce unplanned pregnancy as well as the abortions that often follow.<sup>17</sup>

- The most recent research on this topic comes from the groundbreaking CHOICE project. This effort, which began in 2007, eliminated cost as a barrier to obtaining and using effective contraception, encouraged the use of the most effective, low maintenance methods, and provided counseling to support and promote consistent use of contraception.
- Between 2008 and 2010, the abortion rate of women enrolled in CHOICE was one-third to one-half that of other women in the same region and roughly one-fourth that of women nationally.<sup>18</sup>
- The CHOICE project was particularly successful in increasing the proportion of women using low maintenance, highly effective methods (LARCs, or long-acting reversible contraception). Unplanned pregnancy was lowest among those who used LARCs—less than 1% had an unplanned pregnancy in the next three years compared to nearly 10% of women who chose other hormonal methods (the pill, patch, or ring).<sup>19</sup>
- The Iowa Initiative to Reduce Unintended Pregnancy also highlights the important role of long-acting contraception in reducing unplanned pregnancy and abortion. Started in 2007, this initiative helped Title X clinics in the state provide greater access to contraception and to long-acting methods such as the IUD in particular. Between 2007 and 2009, the percent of women using a long-acting method more than doubled, from roughly 5% to nearly 14%.<sup>20</sup> Furthermore, between 2006 and 2012, the percentage of pregnancies

Improving access to and use of contraception significantly reduces unplanned pregnancies and abortions.



**Women using birth control carefully and consistently account for only 5% of all unplanned pregnancies.**

in Iowa that were unplanned fell by 15% and the percent ending in abortion fell by 26%. While it is too early to assess how much of this reduction in unplanned pregnancy and abortion resulted directly from the initiative, because we lack comparable data from most other states and the national overall beyond 2008, the results are encouraging.

- Results from an effort in New Zealand—a country whose demographics and rates of unplanned pregnancy are somewhat similar to the United States—underscore the role that LARC methods can play in preventing abortion and repeat abortion specifically. This study found that, among abortion patients, those immediately receiving a LARC method were less than half as likely to seek another abortion within the next 24 months compared to abortion patients who didn't receive a LARC method (6% compared to 15%).<sup>21</sup> This is an important finding because in the U.S. at present, about one-half of women obtaining an abortion have had a previous abortion.<sup>22</sup>
- Initiatives such as these have not been done on a national scale, at least not here in the United States, but researchers estimate that if the CHOICE project—or other efforts that significantly improved contraceptive use—were available nationwide, unplanned pregnancy would fall dramatically, thereby reducing abortion as well, by perhaps as much as 62% to 78% of all abortions.<sup>23</sup>
- The potential for reducing unplanned pregnancy and abortion rates through increased use of contraception is further illustrated by a recent micro-simulation study jointly released by the Brookings Institution and Child Trends. The researchers estimate that, among young unmarried women who are at risk of pregnancy, shifting even 11% of them from using no female contraception to using either hormonal or long-acting methods would reduce their abortion rate by 25%.<sup>24</sup>

Unplanned pregnancy accounts for 90% of abortions.

- Although data on contraceptive use lag several years, they suggest reason for optimism that the country may be moving towards greater reliance on LARCs. The percentage of women using these low maintenance methods, while still small, has more than doubled just between 2007 and 2009, from 3% to 8% of women at risk of unplanned pregnancy.<sup>25</sup>
- At the same time, abortion rates continue to fall, and in 2011 had reached their lowest point in two decades (16.9 abortions per 1,000 women). It is too soon to know what factors account for this trend, especially given that unplanned pregnancy data are only available through 2008. However the continued declines in abortion are encouraging and contraception has undoubtedly contributed to this trend.<sup>26</sup>

**What It All Means**

**Bottom line: The capacity to plan and space pregnancies—which is typically achieved through the use of birth control—has significant and meaningful benefits for women, children, families, taxpayers, and more.**<sup>27</sup> Pregnancy planning increases the overall educational status of women and communities; it advances the health and wellbeing of children and families; it saves money; and it reduces abortion. As such, birth control deserves widespread support, expressed in a number of ways including minimal cost and access barriers, a prominent place in public health priorities and health care services, and broad political support.

But it is also true that for the most disadvantaged women and communities, the widespread use of birth control alone is not a panacea. For these women and communities, realizing the full benefit of pregnancy planning, spacing, and prevention also requires additional efforts to promote educational attainment, better schools, stronger families, economic opportunities, job readiness, and more. Put another way, birth control alone cannot solve crushing poverty, but it can open the door to increased opportunity.

**Notes**

<sup>3</sup> Unplanned pregnancy (also known as unintended pregnancy) refers to a pregnancy that a woman herself reports was not intended at the time of conception. Unplanned pregnancy includes both mistimed pregnancies (that is, the woman reported she did not want to become pregnant at the time the pregnancy occurred but did want to become pregnant at some



## Unplanned Pregnancy, Abortion, and the Benefits of Birth Control in America

point in the future) as well as unwanted pregnancies (that is, the woman reported at time of conception that she did not want to become pregnant then or at any time in the future). Many studies summarized here report the effects of unplanned pregnancy overall, while some focus specifically on either unwanted or mistimed pregnancies, as noted previously.

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# 3

## Maternal and Infant Health and the Benefits of Birth Control in America

Pregnancy planning in general, and the use of birth control in particular, are directly linked to a wide array of benefits to women, men, children, and society, including fewer unplanned pregnancies and abortions, more educational and economic opportunities for young women, improved maternal and infant health, greater family wellbeing, and reduced public spending.

Given that the large majority of both men and women are sexually active (for example, more than three-quarters of young adults age 18 to 24 have had sex in the past 12 months<sup>1</sup>), birth control is central to realizing these benefits. In fact, the Centers for Disease Control and Prevention (CDC) recognizes the development of modern contraception as one of the 10 greatest public health achievements of the 20<sup>th</sup> century.<sup>2</sup>

Nonetheless, the United States has long reported high levels of unplanned pregnancy<sup>3</sup> and very uneven use of contraception. For example, even though most unmarried women in their 20s say they don't want to get pregnant and despite the availability of many forms of birth control—including some that are highly effective—only half of those who are sexually active report using reliable contraception consistently.<sup>3</sup> Unplanned pregnancy is nearly 100 percent preventable, yet...

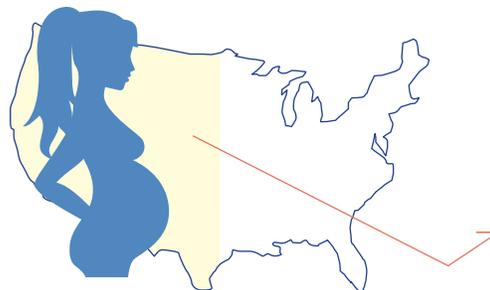
- Roughly half of all pregnancies in the United States are reported by women to be unplanned—that is, a pregnancy that a woman herself said she was not intending or actively trying to achieve.<sup>4</sup>
- Among unmarried young women age 20 to 29, the percentage of pregnancies that they report as being unplanned is nearly 70%. This totaled roughly 1.3 million unplanned pregnancies in 2008 alone, and unplanned pregnancy among young adults has been trending up for the past few years, not down.
- Nearly half (44%) of unplanned pregnancies among unmarried young women result in an abortion, leading to nearly 600,000 abortions each year.
- In addition, unplanned pregnancy is responsible for more than half of all births to unmarried women in their twenties, or more than 500,000 births each year<sup>5</sup>
- Women using birth control carefully and consistently account for only 5% of all unplanned pregnancies.<sup>6</sup>

### Planning for a Healthy Pregnancy

Extensive evidence shows that maternal and infant health are greatly improved through adequate birth spacing, timely and high quality preconception and prenatal care, and avoiding known health risks like smoking. For example:

- Very short intervals between pregnancies raise the risk of preterm birth, low birthweight, slow neonatal growth, and infant death.<sup>7</sup> In fact, the risk of infant mortality is 67% higher for births occurring less than 12 months after a previous birth, compared to births spaced at least 18 months apart, even after controlling for other infant risk factors.<sup>8</sup>
- Prenatal and preconception care can help identify maternal health risks early on, improve the mother's nutritional status, and encourage other healthy behavior (such as quitting smoking).<sup>9</sup> The benefits of prenatal care, in particular, have been studied extensively, and although the results vary by study, the weight of evidence indicates that prenatal care can improve maternal and infant health.<sup>10</sup> One recent study found that receiving prenatal care significantly cut the risk of premature birth, still birth, neonatal death, and infant death, net of other factors.<sup>11</sup>
- Conversely, certain risky behaviors during pregnancy—behaviors that are a major focus of both preconception and prenatal care—reduce the odds of a healthy birth. For example, smoking during pregnancy is widely linked to preterm birth, infant death, and birth defects such as missing/ deformed limbs and gastrointestinal disorders.<sup>12</sup> Smoking is also linked to complications during pregnancy that can be dangerous for both the fetus and the woman, including ectopic pregnancy, vaginal bleeding, placental abruption, and placenta previa.

Women having a birth following an unplanned pregnancy are less likely to have benefitted from preconception care, to have optimal spacing between births, and to have been aware of their pregnancy early on, which in turn makes it less likely that they will have engaged in healthy prenatal behavior and/or enrolled in prenatal care early in pregnancy.



**Roughly half of all pregnancies in the US are reported by women themselves as unplanned.**

Unplanned pregnancy is associated with significantly higher rates of preterm birth and low birthweight and subsequent serious health problems.

Because women having a planned pregnancy tend to fair better on all the dimensions mentioned above (and others as well), and because contraception helps women plan their pregnancies, it clearly plays a significant role in supporting maternal and infant health. To be sure, the evidence is imperfect—we do not have randomized trials of women with and without access to contraception or even recent examples of large comparison groups who have little or no access, especially here in the United States. Even so, the weight of the evidence across numerous studies—even studies netting out the influence of other characteristics—is that both women and infants fare significantly better when women are able to plan and control when they become pregnant.

Put another way, women who have an unplanned pregnancy are less likely, and in many cases less able, to do the things that best support their health and that of their baby. They are also less

likely to enjoy the types of supportive environments and relationships that promote healthy families.<sup>13</sup>

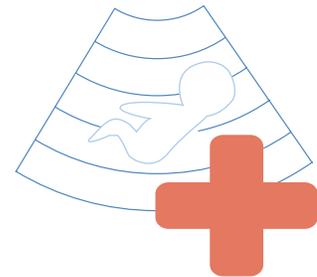
## Preconception and Prenatal Care

Women who chose to become pregnant are, by definition, better positioned to take advantage of preconception care and also are more likely to start prenatal care early in pregnancy. This is especially true during the first trimester, because they are aware of their pregnancy earlier.<sup>14</sup> We know that:

- According to the CDC, only 8% of women lacked prenatal care during their first trimester if their pregnancy was planned. This more than doubles among women whose pregnancy was unplanned (19%) and rises to 21% among women whose pregnancy was *unwanted* (as opposed to mistimed pregnancies or unplanned pregnancy overall).<sup>15</sup>
- A recent review summarizing more than two decades of research concludes that pregnancy intentions play a significant role in whether women get prenatal care, especially early in their pregnancy, even after controlling for demographic and background characteristics—that is, receipt of prenatal care is likely a direct function of whether the pregnancy was planned or unplanned rather than simply due to other disadvantages that tend to be correlated with planning status. Results were most striking among women whose pregnancy was unwanted.<sup>16</sup>
- In fact, one recent study found that women with unwanted pregnancies are twice as likely to underutilize

prenatal care compared to women whose pregnancies were planned, even net of other factors.<sup>17</sup>

- Other studies suggest that intentions among *both* parents matter, with prenatal care less likely if *either* the mother or the father reported the pregnancy was unplanned, compared to pregnancies they both reported were planned.<sup>18</sup>

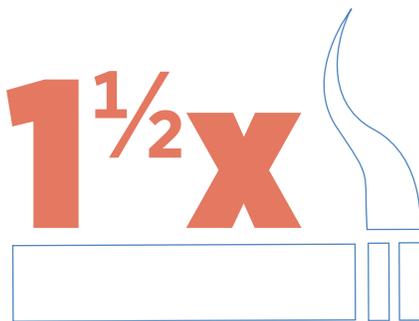


**Women who have an unplanned pregnancy are twice as likely to lack prenatal care as those with a planned pregnancy.**

## Maternal Behavior

Preconception and prenatal care typically include a focus on the value of a healthy lifestyle leading into and during pregnancy. Given that women whose pregnancies are unplanned are less likely to receive these services, and given that they are less likely to know that they are pregnant early on, it is not surprising that they are also less likely to be in optimal health in the months prior to and during pregnancy. For example, the CDC reports that prior to pregnancy (generally in the three months leading up to pregnancy), women whose pregnancies are unplanned are:<sup>19</sup>

- Less likely to be physically active and more likely to be either underweight or obese,
- Less likely to take daily vitamins and more likely to be anemic, and
- More likely to smoke, consume alcohol, binge drink, and experience high levels of stress.



**Women are about one and a half times more likely to smoke during pregnancy if their pregnancy was unplanned.**



Many of these differences, including higher risks of anemia, smoking, and alcohol consumption, are significant even after controlling for other factors.<sup>20</sup>

Women whose pregnancies are unplanned are also more likely to do things *during* pregnancy—such as smoking—that may compromise their health and the health of their child:

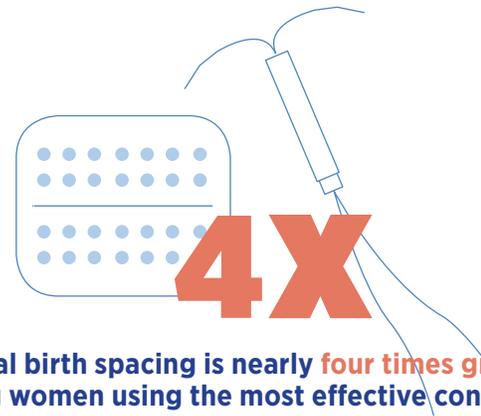
- The CDC reports that, among women reporting that their pregnancies were unplanned, 16% smoked during pregnancy, compared to 10% of women whose pregnancies were planned.<sup>21</sup> The CDC also finds that women who smoked before pregnancy, who continued to smoke during pregnancy, or who relapsed during pregnancy if they had quit, were disproportionately more likely to report that their pregnancies were unplanned.<sup>22</sup>
- Other studies report higher exposure to alcohol, illicit drugs, and secondhand smoke during pregnancy among women whose pregnancies were unplanned.<sup>23</sup>
- One recent study further suggests that the increased risk of adverse behavior associated with unplanned pregnancy is particularly great in the period before the pregnancy is known.<sup>24</sup>
- Although the evidence is somewhat varied as to whether this higher risk is a direct function of pregnancy intentions or of other characteristics such as socioeconomic status, the balance of the literature and the most recent studies suggest that pregnancy intentions significantly and directly affect risk, even net of these factors.

Maternal behavior following delivery continues to be more positive among women whose pregnancies were planned, particularly in terms of breastfeeding:

- According to the latest data from the CDC, 74% of babies born following planned pregnancies were breastfed, compared to 61% of births following unplanned pregnancies overall and only 56% of births following unwanted pregnancies.<sup>25</sup>
- Numerous studies find that such differences persist even after controlling for both observable and unobservable differences in background and demographic characteristics of the mothers.<sup>26</sup>
- One study found that women whose pregnancies were unwanted were both less likely to begin breastfeeding and, if they did, more likely to discontinue within a short period of time.<sup>27</sup>

## Birth Spacing

Preventing unplanned pregnancy and better timing of pregnancy can contribute to maternal and infant health not only by supporting healthier maternal behavior, but also by increasing intervals between births. Pregnancies spaced closer than 18 months apart



**Optimal birth spacing is nearly four times greater among women using the most effective contraception.**

are considered to be risky, and one goal of Healthy People 2020—the Federal Government’s 10 year national objectives for improving the health of Americans—is reducing the percentage of these pregnancies that are too closely spaced from 33% to 30%.<sup>28</sup>

While there is extensive research on the benefits of adequate pregnancy spacing, research is limited regarding what factors promote or hinder pregnancy spacing. Even so, it stands to reason that being able to plan pregnancy can help promote adequate pregnancy spacing, and one recent study found strong evidence to this effect:<sup>29</sup>

- The study found, not surprisingly, that unplanned pregnancy accounted for more than half (55%) of all births occurring within 18 months or less of a prior birth.
- A birth was significantly more likely to fall within 18 months or less of a previous birth if it resulted from an unplanned pregnancy, even after netting out the influence of mothers’ other characteristics.
- In fact, compared to a birth resulting from a planned pregnancy, the odds of short birth interval were nearly five times greater for births resulting from mistimed pregnancies and roughly two times greater for births following unwanted pregnancies, net of other factors.

Given that contraception can help women plan their pregnancies, it is not surprising that another recent study found a strong link between using effective birth control methods and healthier spacing of pregnancies. Specifically, the odds of achieving optimal birth spacing were nearly four times greater among women using the most effective methods (either the IUD or the implant) after their most recent birth and nearly two times greater among women using other hormonal methods, compared to women using barrier methods such as the condom, net of other factors.<sup>30</sup>

Maternal and child health are greatly improved through adequate birth spacing and good preconception and prenatal care.

## Infant Health

Each year, 12% of infants are born preterm and 8% of infants are born with low birthweight.<sup>31</sup> Although the preterm birth rate has declined steadily since 2006, it still remains higher than in 1990. In addition to increasing the infant's risk of death in its first few days of life, infants born preterm and/or with low birthweight are at risk of serious health problems—primary among these are visual and hearing impairments, developmental delays, and behavioral and emotional problems that range from mild to severe.<sup>32</sup> And while infant mortality remains a relatively rare event, it is nonetheless nearly twice as prevalent in the United States as compared to Western Europe.<sup>33</sup>

Unplanned pregnancy overall is associated with significantly higher rates of preterm birth and low birthweight,<sup>34</sup> and the risk of low birthweight is particularly great following an unwanted pregnancy.<sup>35</sup> In fact, babies were two-thirds more likely to be born with low birthweight if they followed an unwanted pregnancy as compared to a planned pregnancy.

There is some evidence that the risk of preterm birth and low birthweight is higher following an unplanned pregnancy even after controlling for background and demographic characteristics, though this varies depending on the sample of women observed, the measure of pregnancy intention, and the statistical methods used. One recent meta-analysis of available studies concluded that unplanned pregnancy is associated with greater risk of low birthweight and preterm birth net of other risk factors, while another recent review summarized the results as “inconclusive.”<sup>36</sup> However, some of these studies controlled for the very reasons why pregnancy intention may matter, such as receipt of prenatal care. What remains clear is that unwanted pregnancy, and to some extent all unplanned pregnancy, is a strong risk factor for preterm birth and low birthweight, in part because they are significantly linked to maternal behaviors that contribute to these outcomes.

## Mother's Health

Women's health, including maternal health, matters in its own right, quite apart from the health of infants. Pregnancy—all pregnancy—has health implications for women. Fully one-third of pregnant women in the United States experience complications during delivery, ranging from depression to

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Women who have an unplanned pregnancy are less likely, and often less able, to do the things that best support their health and the health of their baby.



### Postpartum depression is nearly twice as high among women whose pregnancy was unplanned as those with a planned pregnancy.

cesarean delivery.<sup>37</sup> Even excluding the incidence of cesarean delivery, one in four deliveries is associated with serious health concerns including laceration, infection, hemorrhage, gestational diabetes, and preeclampsia. Obviously, contraception can help those women not seeking pregnancy to avoid these risks. What's more, the risk of many adverse health outcomes is even greater for women whose pregnancy is unplanned. For example:

- The CDC reports that postpartum depression is nearly twice as high among women whose pregnancy was unplanned (21% compared to 12%).<sup>38</sup>
- The link between pregnancy intention and maternal mental health has been widely studied. The majority of studies and literature reviews conclude that unplanned pregnancy significantly elevates the risk of postpartum depression or other mental health problems, even net of other factors.<sup>39</sup>
- Another study found that women whose pregnancies were unplanned were significantly more likely to be hospitalized during pregnancy for conditions including kidney infections, vaginal bleeding, high blood pressure, premature labor, and premature rupture of membranes.<sup>40</sup>
- This same study found that most differences were greatly diminished after controlling for other factors such as getting prenatal care and risky behavior such as smoking, suggesting that it may be the link between pregnancy planning and prenatal behavior rather than pregnancy planning itself that has the greatest impact on maternal health.

## What It All Means

**Bottom line: The capacity to plan and space pregnancies—which is typically achieved through the use of birth control—has significant and meaningful benefits for women, children, families, taxpayers, and more.**<sup>41</sup> Pregnancy planning increases the overall educational status of women and communities; it advances the health and wellbeing of children and families; it saves money; and it reduces abortion. As such, birth control deserves widespread support, expressed in a number of ways including minimal cost and access barriers, a prominent place in public health priorities and health care services, and broad political support.



But it is also true that for the most disadvantaged women and communities, the widespread use of birth control alone is not a panacea. For these women and communities, realizing the full benefit of pregnancy planning, spacing, and prevention also requires additional efforts to promote educational attainment, better schools, stronger families, economic opportunities, job readiness, and more. Put another way, birth control alone cannot solve crushing poverty, but it can open the door to increased opportunity.

## Notes

<sup>a</sup> Unplanned pregnancy (also known as unintended pregnancy) refers to a pregnancy that a woman herself reported was not intended at the time of conception. Unplanned pregnancy includes both mistimed pregnancies (that is, the woman reported she did not want to become pregnant at the time the pregnancy occurred but did want to become pregnant at some point in the future) as well as unwanted pregnancies (that is, the woman reported at time of conception that she did not want to become pregnant then or at any time in the future). Many studies summarized here report the effects of unplanned pregnancy overall, while some focus specifically on either unwanted or mistimed pregnancies, as noted previously

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# 4

## Family Formation, Family Wellbeing, and the Benefits of Birth Control in America

Pregnancy planning in general, and the use of birth control in particular, are directly linked to a wide array of benefits to women, men, children, and society, including fewer unplanned pregnancies and abortions, more educational and economic opportunities for young women, improved maternal and infant health, greater family wellbeing, and reduced public spending.

Given that the large majority of both men and women are sexually active (for example, more than three-quarters of young adults age 18 to 24 have had sex in the past 12 months<sup>1</sup>), birth control is central to realizing these benefits. In fact, the Centers for Disease Control and Prevention (CDC) recognizes the development of modern contraception as one of the 10 greatest public health achievements of the 20<sup>th</sup> century.<sup>2</sup>

Nonetheless, the United States has long reported high levels of unplanned pregnancy<sup>3</sup> and very uneven use of contraception. For example, even though most unmarried women in their 20s say they don't want to get pregnant and despite the availability of many forms of birth control—including some that are highly effective—only half of those who are sexually active report using reliable contraception consistently.<sup>3</sup> Unplanned pregnancy is nearly 100 percent preventable, yet...

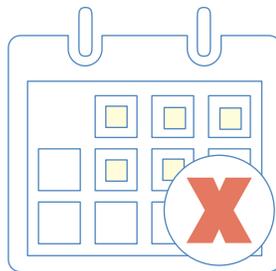
- Roughly half of all pregnancies in the United States are reported by women to be unplanned—that is, a pregnancy that a woman herself said she was not intending or actively trying to achieve.<sup>4</sup>
- Among unmarried young women age 20 to 29, the percentage of pregnancies that they report as being unplanned is nearly 70%. This totaled roughly 1.3 million unplanned pregnancies in 2008 alone, and unplanned pregnancy among young adults has been trending up for the past few years, not down.
- Nearly half (44%) of unplanned pregnancies among unmarried young women result in an abortion, leading to nearly 600,000 abortions each year.
- In addition, unplanned pregnancy is responsible for more than half of all births to unmarried women in their twenties, or more than 500,000 births each year<sup>5</sup>
- Women using birth control carefully and consistently account for only 5% of all unplanned pregnancies.<sup>6</sup>

### Trends in Family Formation

Overwhelming evidence shows that children and families do best when both parents live together, and parents are more likely to live together if they are married when their child is born. However, over time this is becoming less and less the norm.

- Since 1970, the median age at which people first marry has increased steadily, from roughly 21 years of age to roughly 27.<sup>7</sup>
- Young adults are not delaying childbearing in similar fashion, and the median age at which women have their first child is now a *full year earlier* than the age at first marriage.
- Consequently, the percentage of births among 20- to 29-year-olds that are to unmarried parents has increased nearly seven-fold since 1970, from 7% to 48%.<sup>8</sup>
- Marital status at the time of birth translates into family stability over time. Among parents who were married when their child was born, 87% remain together five years later, compared to only 61% among parents who were cohabiting,<sup>9</sup> while the vast majority of parents who were single (neither married nor cohabiting) when their child was born never move in together.<sup>10</sup> These differences are significant even after controlling for other demographic factors.

Because modern contraception can help young adults better time their entry into parenthood, it can also increase the odds that children are born into stable, two-parent households, which is one hallmark of overall family wellbeing. To be sure, the evidence is imperfect—we do not have randomized trials of women with and without access to contraception, or even recent examples of large comparison groups who have little or no access, especially here in the United States. Even so, the weight of the evidence shows that the timing of and circumstances surrounding entry into parenthood significantly improve family wellbeing—both directly through the impact on parent-child relations as well as indirectly through increasing the odds of residing in a two parent household.



**Nearly half of unplanned pregnancies among unmarried women (age 20-29) result in an abortion—nearly 600,000 abortions each year.**



## Pregnancy Planning and Family Formation

Nationally representative data suggest that the proportion of births occurring to married parents (rather than to unmarried parents) would increase if young adults were more successful in aligning their entry into parenthood with their pregnancy intentions. Consider that:

- The vast majority (87%) of unmarried twenty-somethings say they do not want to become parents right now,<sup>11</sup> and more than half (53%) of births among unmarried twenty-somethings are to women who said they were not seeking pregnancy.
- These births include 24% to women who said they did not want to get pregnant ever, and another 29% to women who said they got pregnant earlier than they wished—three years too early on average.<sup>12</sup>
- Not only are these mothers reporting that they did not want a baby at that time (or, in some cases, ever), but many also report that they did not want a baby with that partner. In fact, of all unmarried women having a birth following an unplanned pregnancy, more than 40% say they did not want a baby with the father of their child.<sup>13</sup>
- Delaying parenthood by even a few years might increase the odds that children would be born to married parents. In fact, a young adult is 20% more likely to be married when she has her first child compared to a peer three years younger, even after adjusting for differences in race, ethnicity, and education.<sup>14</sup>

While there are only a few nationally representative studies examining the direct effect of pregnancy intention on parental unions, they generally conclude that parents are more likely to be together and stay together when births follow planned pregnancies.

- One recent study found that parents are more than twice as likely to be married at the time of conception and only one-quarter as likely to be single if the pregnancy is planned rather than unplanned, net of other characteristics. In addition, married couples are half as likely to split up over the next two years—and cohabiting couples are more likely to get married—if their child was born following a planned pregnancy.<sup>15</sup>

On average, children born to married parents are less likely to have health, cognitive, emotional, and behavioral problems.



The percent of births to unmarried women (age 20-29) has increased nearly seven-fold since 1970, from 7% to 48%.

- Consequently, fully 83% of children born following a planned pregnancy are living with two married parents at age two, compared to only 46% of children born following an unplanned pregnancy—again, after controlling for other background characteristics.
- Another study of cohabiting couples found that couples experiencing an unplanned birth are nearly twice as likely to split up as are couples experiencing a planned birth, net of other characteristics.<sup>16</sup>

Even when both parents are together (either married or cohabiting), their relationship is not as strong if the birth of their child followed an unplanned pregnancy.<sup>17</sup>

- Both mothers and fathers are significantly more likely to report relationship conflict nine months following the birth of their child if the pregnancy was unplanned rather than planned. Mothers are 50% more likely to report conflict and fathers are 24% more likely to report conflict, after controlling for other characteristics.
- Similarly, both mothers and fathers are significantly less likely to report being happy in their relationship if the birth followed an unplanned pregnancy, net of other factors. Both mothers and fathers are also significantly more likely to report depressive symptoms if the pregnancy was unplanned.
- In addition to these nationally representative findings, several smaller scale studies echo the conclusion that an unplanned pregnancy can decrease relationship quality among parents.<sup>18</sup>

## Family Formation and Family Wellbeing

To the extent that pregnancy intention has an impact on the likelihood that children reside in two-parent households, and in particular married parent households, there is extensive research showing that this in turn translates into improved wellbeing for children and families. Naturally, families can thrive or struggle under a variety of circumstances; however, *on average* children

Parents report that, following an unplanned pregnancy, their relationship is not as strong, there is more conflict, and they are less happy.



born to married parents are at lower risk for many adverse outcomes.

Although to some extent this reflects the fact that married parents are likely to come from more advantaged backgrounds compared to unmarried parents, extensive literature shows that the benefits of married parenthood persist even after controlling for a broad set of demographic and background characteristics, and that children in lower-income families benefit from having two married parents as well.<sup>19</sup>

- Children born to married parents are significantly less likely to experience health problems as infants and they have fewer cognitive, emotional, and behavioral problems when they are young.
- On average, they reach adulthood with significantly more education, subsequently earning more income and spending less time both out of school and out of work.
- Cohabitation among parents does not tend to serve as a substitute for marriage, and their children still experience more behavioral problems and lower school engagement on average compared to children whose parents are married.

- Furthermore, as their children age, cohabiting parents are also more likely to separate than married parents, widening the gap in child wellbeing.

These findings are not surprising, given that children born to married parents are more likely to grow up with both parents in the household, and having a second parent in the household often means greater financial resources, more time available for parenting, as well as lower levels of conflict between parents.<sup>20</sup>

- Numerous studies have documented that married parents have more disposable income and lower rates of poverty compared to single and nonresidential parents, due both to higher earnings and lower expenses. Furthermore, these benefits extend to disadvantaged parents as well, and persist even after controlling for other observed and unobserved differences. Cohabiting parents, while better off than single parents, typically do not fare as well as married parents.
- Married parents are more likely to be engaged with their children and have more effective parenting skills compared to single and cohabiting parents, net of other factors—for

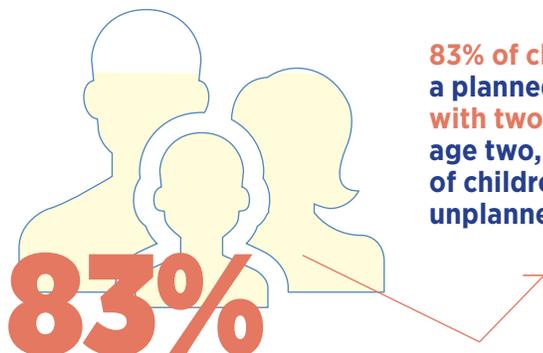
**Couples who have an unplanned birth are twice as likely to split up as couples who have a planned birth.**

example, they tend to be more emotionally supportive, have more consistent rules, are less reliant on harsh discipline, provide more supervision, and have less conflict with their children.

- On average, children of married parents also witness less conflict between their parents, are exposed to fewer changes in the composition of their household, and experience less geographic instability, all of which in turn reduces their risk of being exposed to domestic violence and other harmful events and environments.

Pregnancy planning also contributes directly to family wellbeing—that is, over and above its relationship to the formation of two-parent families and the gains in income and household stability this brings. This is reflected primarily in terms of increased emotional wellbeing among parents, stronger parenting, and improved parent-child relationships:

- The risk of postpartum depression among women is nearly cut in half when a birth follows a planned rather than unplanned pregnancy,<sup>21</sup> and numerous studies indicate that pregnancy intentions remain a significant factor in explaining postpartum depression, even after controlling for numerous other background and demographic factors.<sup>22</sup> One study found that while



**83% of children born following a planned pregnancy are living with two married parents at age two, compared to only 46% of children born following an unplanned pregnancy.**



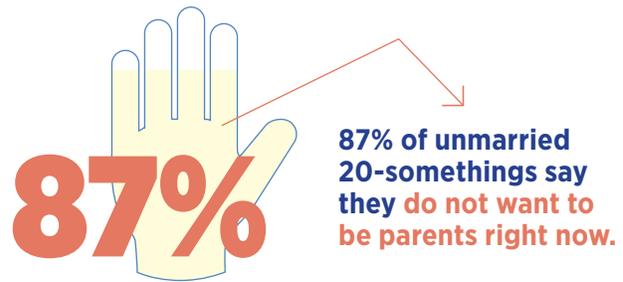
the birth of a child resulting from a planned pregnancy is significantly associated with increased happiness and decreased depression, the birth of a child following an unintended pregnancy is not, net of other factors.<sup>23</sup>

- While less studied, research suggests that new fathers are similarly affected by births following unplanned pregnancies, experiencing higher levels of depression and lower levels of happiness, net of other factors, even among fathers who are living within the household.<sup>24</sup>
- These fathers also exhibit less parental warmth and involvement with their children as well as more conflicted relationships with the mothers of their children. This, in turn, translates into weaker parenting.
- Another study found that, even within the same family, children born following an unplanned pregnancy experience less cognitive and emotional support from their parents compared to siblings born following planned pregnancies.<sup>25</sup>
- It's not surprising, then, that children born following planned pregnancies also experience better health and stronger childhood development. While results are somewhat mixed as to whether this is a direct result of pregnancy intention or other related factors, the most recent studies find that these benefits remain significant even after controlling for various background characteristics.<sup>26</sup>
- The benefits to children of being born following a planned pregnancy often continue into late adolescence and early adulthood, as reflected in terms of higher levels of self-esteem and stronger child-mother relationships.<sup>27</sup>
- Perhaps one of the strongest indicators of adverse child and family outcomes is domestic violence, and having an unwanted pregnancy has been found to directly increase the risk of intimate partner violence, both during pregnancy and after the child is born.<sup>28</sup> Another study in the U.K. found that children born following unplanned pregnancies were roughly 50% more likely to be the subject of a child services investigation compared to children born following planned pregnancies, net of other factors.<sup>29</sup>

Low income mothers are disproportionately more likely to report that the birth of their child followed a pregnancy that

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Children and families do best when both parents live together, and parents are more likely to live together if they are married when their child is born.



they did not intend<sup>30</sup>—either they became pregnant earlier than they planned, or they did not want to become pregnant ever—and they often stand the most to gain from efforts that make contraception more available and affordable.

To better understand the benefits to families of making contraception more affordable, one study focused on a unique period of time when publicly funded family planning grants were first introduced (in the early 1970s), and were adopted in some counties earlier than others. This study found that low-income women living in areas with early adoption of public family planning grants were 16% to 20% more likely to use the pill compared to other low-income women, enabling them to use birth control on par with higher income women.<sup>31</sup> By 1980, these family planning grants were associated with a 6% reduction in child poverty and a 15% reduction in the percent of families receiving public assistance. Furthermore, between 1973 and 1982 the proportion of low-income mothers who reported that the birth of their child followed an unplanned pregnancy fell by 16%, and the proportion saying the birth followed an unwanted pregnancy fell by more than half based on data from the CDC (measured among ever-married mothers).<sup>32</sup>

## What It All Means

**Bottom line: The capacity to plan and space pregnancies—which is typically achieved through the use of birth control—has significant and meaningful benefits for women, children, families, taxpayers, and more.**<sup>33</sup> Pregnancy planning increases the overall educational status of women and communities; it advances the health and wellbeing of children and families; it saves money; and it reduces abortion. As such, birth control deserves widespread support, expressed in a number of ways including minimal cost and access barriers, a prominent place in public health priorities and health care services, and broad political support.

But it is also true that for the most disadvantaged women and communities, the widespread use of birth control alone is not a panacea. For these women and communities, realizing the full benefit of pregnancy planning, spacing, and prevention also requires additional efforts to promote educational attainment, better schools, stronger families, economic opportunities, job

readiness, and more. Put another way, birth control alone cannot solve crushing poverty, but it can open the door to increased opportunity.

## Notes

<sup>a</sup> Unplanned pregnancy (also known as unintended pregnancy) refers to a pregnancy that a woman herself reported was not intended at the time of conception. Unplanned pregnancy includes both mistimed pregnancies (that is, the woman reported she did not want to become pregnant at the time the pregnancy occurred but did want to become pregnant at some point in the future) as well as unwanted pregnancies (that is, the woman reported at time of conception that she did not want to become pregnant then or at any time in the future). Many studies summarized here report the effects of unplanned pregnancy overall, while some focus specifically on either unwanted or mistimed pregnancies, as noted previously.

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# 5 Educational Attainment, Employment, and the Benefits of Birth Control in America

Pregnancy planning in general, and the use of birth control in particular, are directly linked to a wide array of benefits to women, men, children, and society, including fewer unplanned pregnancies and abortions, more educational and economic opportunities for young women, improved maternal and infant health, greater family wellbeing, and reduced public spending.

Given that the large majority of both men and women are sexually active (for example, more than three-quarters of young adults age 18 to 24 have had sex in the past 12 months<sup>1</sup>), birth control is central to realizing these benefits. In fact, the Centers for Disease Control and Prevention (CDC) recognizes the development of modern contraception as one of the 10 greatest public health achievements of the 20<sup>th</sup> century.<sup>2</sup>

Nonetheless, the United States has long reported high levels of unplanned pregnancy<sup>3</sup> and very uneven use of contraception. For example, even though most unmarried women in their 20s say they don't want to get pregnant and despite the availability of many forms of birth control—including some that are highly effective—only half of those who are sexually active report using reliable contraception consistently.<sup>3</sup> Unplanned pregnancy is nearly 100 percent preventable, yet...

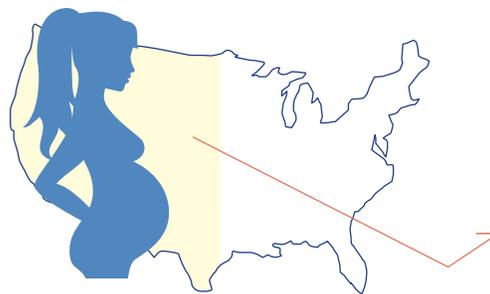
- Roughly half of all pregnancies in the United States are reported by women to be unplanned—that is, a pregnancy that a woman herself said she was not intending or actively trying to achieve.<sup>4</sup>
- Among unmarried young women age 20 to 29, the percentage of pregnancies that they report as being unplanned is nearly 70%. This totaled roughly 1.3 million unplanned pregnancies in 2008 alone, and unplanned pregnancy among young adults has been trending up for the past few years, not down.
- Nearly half (44%) of unplanned pregnancies among unmarried young women result in an abortion, leading to nearly 600,000 abortions each year.
- In addition, unplanned pregnancy is responsible for more than half of all births to unmarried women in their twenties, or more than 500,000 births each year<sup>5</sup>
- Women using birth control carefully and consistently account for only 5% of all unplanned pregnancies.<sup>6</sup>

## Advancements in Women's Education and Employment

Since the early 1970s, women's educational attainment and labor market participation have increased dramatically:

- Between 1970 and 2012, the proportion of women 25 and older with at least a high school diploma increased from 55% to 88%, and the proportion with at least a bachelor's degree increased from 8% to 31%.<sup>7</sup>
- Over roughly that same period, the percent of women age 16 and older who were employed increased from 41% to 53%.<sup>8</sup>
- Wages for working women age 25 and older also increased during this period by roughly 40%, net of inflation.<sup>9</sup>

Because modern contraception can help young women time when they become parents, it can enable them to complete their education before starting a family and, in turn, improve the employment and financial prospects of themselves and their families. To be sure, the evidence is imperfect—we do not have randomized trials of women with and without access to contraception, or even recent examples of large comparison groups who have little or no access, especially here in the United States. Even so, the weight of the evidence across numerous studies shows significant employment and educational gains have followed directly from women's ability to better time their entry into parenthood, and that the availability of contraception has played a clear role in such progress, even after netting out the influence of other characteristics.



**Roughly half of all pregnancies in the US are reported by women themselves as unplanned.**

The wage gains associated with pregnancy planning and prevention extend across the socioeconomic spectrum.



For young adults, even modest increases in the availability of contraception lead to significant and lasting educational and employment gains for women.

## The Benefits of Timing Entry Into Parenthood

Women's growing success in both education and employment has clearly depended to some degree on being able to postpone first births until after completing their education and/or gaining a foothold in the labor market.

- Since 1970 the mean age at which women first had a child increased from 21 to 26 years of age<sup>10</sup> while the share of first-time mothers with more than 12 years of education increased from 26% to 52% (measured through 2003, the most recent year for which we have comparable data on educational attainment).<sup>11</sup>
- Economists find that women do significantly better in the labor market when they can better time their entry into parenthood.<sup>12</sup> Recent research suggests a 3% increase in weekly wages and a 9% increase in career earnings *for each year of delayed childbearing*, even after accounting for differences in other background characteristics that could affect women's earnings.<sup>13</sup>
- Furthermore, this wage premium extends across the socioeconomic spectrum. Women from many parts of the working world who chose to delay childbearing—those in managerial, clerical, and service occupations—experience wage gains from delays in

childbearing, as did those whose high school aptitude scores fell into the lower, middle, and upper percentiles, though gains were smaller among those with lower scores.<sup>14</sup>

- Naturally, a woman's prospects in the labor market and her decision about when to become a parent are intertwined—women who delay parenthood may tend to be those who have a greater stake in or connection to the labor market. Results that try to control for such differences by focusing strictly on more *random delays* in parenthood (for example delays resulting from miscarriages) find smaller benefits of delay (though still significant) and find that the benefits are limited to more advantaged women.<sup>15</sup>
- However, using contraception to better time when one becomes a parent is hardly a random event, and results based on miscarriages do not necessarily reflect the potential benefits of delaying parenthood *among women seeking to do so*. For these women, the balance of the research suggests significant benefits of being able to time entry into parenthood.

## The Role of Family Planning

The majority of young adults are sexually active. Consequently, contraception is central to women's ability to control when they become parents, and to the educational and employment benefits they experience as a result. It is difficult to estimate the full impact of family planning on education and employment

because we have no comparison group to illustrate what life would be like in the absence of access to contraception, at least here in the United States. Most of the available evidence focuses on a unique moment in history primarily during the late 1960s and early 1970s when access to the pill was expanding incrementally across states. (In particular, over that time period, more and more states were allowing unmarried women access to the pill at age 18 instead of at age 21, through changes in age of majority and consent laws.<sup>16</sup>) Numerous studies have found that even this modest increase in the availability of contraception during young adulthood led to significant and lasting educational and employment gains among women. Specifically, the most recent studies find that:

- Women with early access to the pill during this period were significantly more likely to enroll in college—an estimated 10% to 20% more women enrolled in college at age 21 as a result of expanded access to the pill, net of other factors, explaining up to one-third of the increase in young women's college enrollment during the 1970s. They were also one-third less likely to drop out within the first year. Similarly, enrollment in job training programs was 15% higher.<sup>17</sup>
- After reaching age 21, all unmarried women had legal access to the pill, so it is not surprising that the educational attainment gap narrowed later in life. Once unmarried women reached age 30 or older, early access to the pill was significantly associated with an estimated 2% to 3% increase in the proportion of women holding four-year

Birth control helps women time when they become parents, complete their education, and improve the financial and employment prospects of themselves and their families.



The proportion of women graduating high school and college increased dramatically since access to birth control pills expanded.

degrees, net of other factors.<sup>18</sup> Even so, it is noteworthy that expanding pill access by just a few years in early adulthood led to significant improvements in women's educational attainment that persisted into one's thirties and beyond.

- The educational benefits of early pill access are not limited to women from advantaged economic circumstances—in fact, it was women from the most economically *disadvantaged* backgrounds who experienced the largest gains in education.<sup>19</sup> It should also be noted, however, that gains in education were limited to women with high school aptitude scores in the middle or upper range—those with scores in the lowest range did not experience educational gains due to early pill access.
- Given these advancements in education, it is not surprising that early pill access is also associated with a growing share of women in professional occupations and especially nontraditional professions (those other than nursing and teaching).<sup>20</sup> In fact one study estimated that increased availability of the pill was responsible for roughly one-third of the increase in professional employment among women between 1970 and 1990.<sup>21</sup>
- More broadly, research shows significant increases in employment and wages among women who had early access to the pill, though these

benefits typically didn't show up until later in life, presumably because many of these women initially delayed entry into the labor force in order to pursue more education.

- By their early forties, working women who had early pill access earned 11% more each year compared to working women who didn't, all else being equal.<sup>22</sup>
- These benefits extended to women with high school aptitude scores in both the middle and upper tiers, but not to women with aptitude scores in the lowest tier.<sup>23</sup>

## What It All Means

**Bottom line: The capacity to plan and space pregnancies—which is typically achieved through the use of birth control—has significant and meaningful benefits for women, children, families, taxpayers, and more.**<sup>24</sup> Pregnancy planning increases the overall educational status of women and communities; it advances the health and wellbeing of children and families; it saves money; and it reduces abortion. As such, birth control deserves widespread support, expressed in a number of ways including minimal cost and access barriers, a prominent place in public health priorities and health care services, and broad political support.

But it is also true that for the most disadvantaged women and communities, the widespread use of birth control

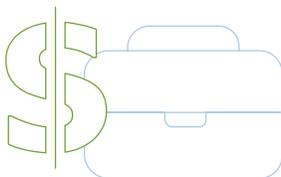
alone is not a panacea. For these women and communities, realizing the full benefit of pregnancy planning, spacing, and prevention also requires additional efforts to promote educational attainment, better schools, stronger families, economic opportunities, job readiness, and more. Put another way, birth control alone cannot solve crushing poverty, but it can open the door to increased opportunity.

## Notes

<sup>a</sup> Unplanned pregnancy (also known as unintended pregnancy) refers to a pregnancy that a woman herself reports was not intended at the time of conception. Unplanned pregnancy includes both mistimed pregnancies (that is, the woman reported she did not want to become pregnant at the time the pregnancy occurred but did want to become pregnant at some point in the future) as well as unwanted pregnancies (that is, the woman reported at time of conception that she did not want to become pregnant then or at any time in the future). Many studies summarized here report the effects of unplanned pregnancy overall, while some focus specifically on either unwanted or mistimed pregnancies, as noted previously.

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**Pregnancy timing matters: There is a 3% increase in weekly wages and a 9% increase in career earnings for each year of delayed childbearing.**



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# 6

## Savings to Society and the Benefits of Birth Control in America

Pregnancy planning in general, and the use of birth control in particular, are directly linked to a wide array of benefits to women, men, children, and society, including fewer unplanned pregnancies and abortions, more educational and economic opportunities for young women, improved maternal and infant health, greater family wellbeing, and reduced public spending.

Given that the large majority of both men and women are sexually active (for example, more than three-quarters of young adults age 18 to 24 have had sex in the past 12 months<sup>1</sup>), birth control is central to realizing these benefits. In fact, the Centers for Disease Control and Prevention (CDC) recognizes the development of modern contraception as one of the 10 greatest public health achievements of the 20<sup>th</sup> century.<sup>2</sup>

Nonetheless, the United States has long reported high levels of unplanned pregnancy<sup>3</sup> and very uneven use of contraception. For example, even though most unmarried women in their 20s say they don't want to get pregnant and despite the availability of many forms of birth control—including some that are highly effective—only half of those who are sexually active report using reliable contraception consistently.<sup>3</sup> Unplanned pregnancy is nearly 100 percent preventable, yet...

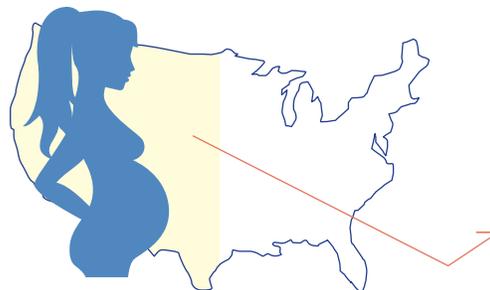
- Roughly half of all pregnancies in the United States are reported by women to be unplanned—that is, a pregnancy that a woman herself said she was not intending or actively trying to achieve.<sup>4</sup>
- Among unmarried young women age 20 to 29, the percentage of pregnancies that they report as being unplanned is nearly 70%. This totaled roughly 1.3 million unplanned pregnancies in 2008 alone, and unplanned pregnancy among young adults has been trending up for the past few years, not down.
- Nearly half (44%) of unplanned pregnancies among unmarried young women result in an abortion, leading to nearly 600,000 abortions each year.
- In addition, unplanned pregnancy is responsible for more than half of all births to unmarried women in their twenties, or more than 500,000 births each year<sup>5</sup>
- Women using birth control carefully and consistently account for only 5% of all unplanned pregnancies.<sup>6</sup>

### The Medical Costs of Unplanned Pregnancy

In 2008 (the most recent year for which data are available), the number of unplanned pregnancies for *all* women—including both younger and older women, married and unmarried—totaled 3.4 million.<sup>7</sup> This included nearly 1.6 million pregnancies that resulted in a live birth, 1.1 million pregnancies that ended in an abortion, and more than 600,000 pregnancies that resulted in a miscarriage.

Unplanned pregnancies are associated with serious consequences for parents and their children, as well as for our economy and workforce.<sup>8</sup> They are also quite costly—unplanned pregnancies lead to substantial medical costs associated with the births, abortions, and miscarriages that result from these pregnancies. There are several recent studies that estimate these costs and, while each varies somewhat, all find that the medical costs associated with unplanned pregnancy total billions of dollars each year:

- The Brookings Institution estimates that unplanned pregnancy costs federal and state taxpayers between \$9.6 and \$12.6 billion annually in medical costs.<sup>9</sup>
- These costs are primarily attributable to prenatal, labor and delivery, and postpartum care for women as well as one year of infant care, measured among women who have a birth following an unplanned pregnancy and who participate in Medicaid or the Children's Health Insurance Program (CHIP).
- A similar study estimates that the public costs of unplanned pregnancy through the Medicaid and CHIP programs to be \$12.5 billion annually, and that the cost would have been double in the absence of publicly funded family planning services.<sup>10</sup>
- This same study found that roughly half (53%) of all births paid for through Medicaid and CHIP are the result of unplanned pregnancy.
- A slightly different estimate includes *all* unplanned pregnancies rather than just those that are publicly funded, but focuses on just the *immediate* medical costs (related to labor and delivery, miscarriage, and abortion). This study estimates \$4.6 billion annually in costs associated with unplanned pregnancy.<sup>11</sup>



**Roughly half of all pregnancies in the US are reported by women themselves as unplanned.**



**Unplanned pregnancy costs federal and state taxpayers between \$9.6 and \$12.6 billion annually in medical costs.**

The average cost for *each* unplanned pregnancy varies depending on what factors are included, but across various studies, there is a consistently high cost to society:

- When looking at the *immediate* medical costs for *all* unplanned pregnancies, costs average \$1,500 for a single pregnancy.<sup>12</sup>
- Studies that include prenatal, postpartum, and infant care but only for unplanned pregnancies that were publicly funded estimate costs ranging between \$7,664 and \$12,613 per pregnancy.<sup>13</sup>

Because modern contraception can help women avoid pregnancies that they themselves say they are not intending, contraceptive supplies and services can substantially reduce the societal costs associated with unplanned pregnancy. To be sure, the evidence is imperfect—we do not have randomized trials of women with and without access to contraception, or even recent examples of large comparison groups who have little or no access, especially in the United States. Even so, the weight of the evidence across numerous studies shows that preventing unplanned pregnancy results in significant cost savings to society, and that making contraception affordable and accessible plays a direct and obvious role in helping women avoid such pregnancies.

## The Effectiveness of Family Planning Programs in Preventing Unplanned Pregnancy

Women who have difficulty affording effective methods of contraception are, not surprisingly, less likely to use them,<sup>14</sup> which in turn leaves them at greater risk of unplanned pregnancy. The benefits of publicly funded family planning services can be seen historically, when contraception remained

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The costs associated with increasing access to affordable contraception are more than offset by the savings that result from reducing unplanned pregnancies.

cost prohibitive for many women during the 1960s and early 1970s, even as it was becoming more widely available from a legal standpoint. This was a hardship for low income women in particular, who were more likely to report that the birth of their child followed a pregnancy they did not intend.<sup>15</sup> According to one study, the limited number of counties who benefitted from early family planning grants during this time saw pill use increase by 16% to 20% among low income women, enabling them to use birth control on par with higher income women.<sup>16</sup> Today, numerous studies document the direct role that publicly funded family planning programs play in making contraception more affordable and in preventing unplanned pregnancy and abortion:

- In 2010, nine million women—47% of all women in need of publicly subsidized care—received publicly funded contraceptive services,<sup>17</sup> which in turn prevented 2.2 million unplanned pregnancies and 760,000 abortions.
- Researchers estimate that the rate of unplanned pregnancy would be 66% higher for adult women and 73% higher for teens had it not been for the provision of these services.<sup>18</sup>
- A recent study published by the National Bureau of Economic Research that focused just on the state-level expansions of eligibility for Medicaid family planning found (after controlling for other factors) that these policies significantly improved women’s use of contraception, resulting in a 9% decline in the number of births among women affected by the Medicaid expansions.<sup>19</sup>
- The Iowa Initiative to Reduce Unintended Pregnancy also highlights the important role of publicly funded family planning. Started in 2007, this initiative helped Title X clinics in the state provide greater access to contraception and to long-acting methods such as the IUD in particular. Between 2007 and 2009, the percent of women using a long-acting method increased from roughly 5% to nearly 14%.<sup>20</sup> Furthermore, between 2006 and 2012, the percent of pregnancies in Iowa that were unplanned fell by 15% and the percent ending in abortion fell by 26%. While it is too early to assess how much of this reduction in unplanned pregnancy and abortion resulted directly from the initiative, because we lack comparable data from most other states and the national overall beyond 2008, the results are encouraging.

## The Cost Savings Resulting from Publicly Funded Family Planning

Even though increasing access to affordable contraception obviously entails upfront costs, the evidence overwhelmingly suggests that these costs are more than offset by the savings that result from reducing unplanned pregnancies.<sup>21</sup> This is not surprising given that Medicaid finances 48%<sup>22</sup> of all births in the

Effective contraception can help reduce unplanned pregnancy and substantially reduce the societal costs associated with unplanned pregnancy.

United States, at a cost approaching \$13,000 per birth (depending on the estimate), whereas the annual cost of providing publicly funded contraception for a woman was \$239.<sup>23</sup> Nationally, these savings total billions of dollars. For example:

- A study published in 2012 by the Brookings Institution estimated a return of \$5.62 for every dollar spent on expansion of Medicaid-financed family planning services.<sup>24</sup>
- These results are nearly identical to estimates released in 2013 by the Guttmacher Institute, which found that the nation saves \$5.68 for every \$1 spent on publicly funded family planning services.<sup>25</sup>
- This same study estimated that the total net savings resulting from public spending on family planning services was \$10.5 billion annually. Roughly half of the savings, and roughly half of the reduction in unplanned pregnancies, births, and abortions occurred among women receiving services specifically through clinics receiving Title X funding.

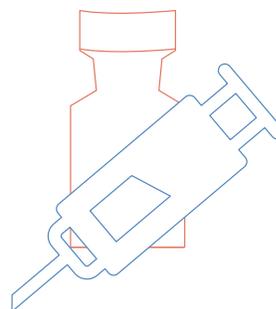
State-implemented Medicaid family planning waivers are required to be budget neutral in terms of federal spending. As a result, there are numerous state-level studies demonstrating that funding to expand family planning services under Medicaid reduces federal spending, as well as state costs.<sup>26</sup>

- One study done for the state of Iowa in 2009 estimated a savings of \$3.78 for every \$1 spent on expanding family planning services through Medicaid.<sup>27</sup>
- When this same analysis expanded its estimates to include not only the short term medical costs of unplanned pregnancy and infant care but also the costs associated with five years of services needed for children born following unplanned pregnancies, it estimated a savings of \$15.12 for every \$1 spent on family planning services.
- A 2007 study of California's Family PACT publicly funded family planning services program estimated public-sector savings of \$4.30 for every \$1 spent when counting costs of unplanned pregnancy from conception through age two of the child, and \$9.25 in savings when counting costs of unplanned pregnancy from conception through age five.<sup>28</sup> Family PACT provided family planning services to nearly one million women in 2007, and averted an estimated 296,000 unplanned pregnancies in that one year alone.

- This same California study determined that the contraceptive implant and the IUD were the most cost effective methods—saving more than \$7 for every \$1 spent in services and supplies. Injectable contraceptives were the next most cost effective method (\$5.60 in savings per \$1 spent) followed by oral contraceptives (\$4.07 in savings), the patch (\$2.99 in savings), the vaginal ring (\$2.55 in savings), barrier methods (\$1.34 in savings), and emergency contraception (\$1.43 in savings).<sup>29</sup>
- In its review of the Texas Medicaid family planning waiver, the Texas Health and Human Services Commission found that for every \$1 the state put into the program, it saved roughly \$10 in expenditures associated with prenatal care, delivery, postpartum care, and one year of infant care. In 2008, the program helped to prevent 5,726 unplanned pregnancies.<sup>30</sup>
- Another study focused on the 19 states that, as of 2011, had not expanded eligibility for Medicaid family planning through an income-based waiver or state plan amendment. It found that by expanding Medicaid eligibility under the new state plan amendment option, each state could have served at least 10,000 individuals, averted at least 1,500 unintended pregnancies, and saved at least \$2.3 million in state funds in a single year.<sup>31</sup>

## The Cost Effectiveness of Contraception More Broadly

The benefits of contraception in preventing unplanned pregnancy and the associated cost savings are not limited to publicly funded programs and taxpayers. Under the Affordable Care Act (ACA), most women seeking contraception through private health plans will have those services covered with no copays, co-insurance, or deductibles as part of the broad women's preventive care benefit. Although implementation of the ACA is still unfolding and it is not yet feasible to measure the savings that result specifically from this provision, several studies in the past few years have looked at the coverage of contraceptive services through the private sector more generally and found that it is highly cost effective for insurers, employers, and individuals.



**Publicly funded  
contraception saves  
nearly \$6 in medical costs  
for every \$1 spent on  
contraceptive services.**



**Roughly half of all births paid for through Medicaid and CHIP are the result of unplanned pregnancy.**

- One analysis, based on medical claims data, simulated the health care costs associated with using various methods of contraception, compared to the costs associated with using no method. The study found that using Depo-Provera (the shot) was associated with a two-year net reduction in health care costs of \$9,815. Similarly, the estimated reduction in health care costs would be \$9,763 for use of the hormonal IUD, \$8,996 for the vaginal ring, and \$8,827 for oral contraceptives.<sup>32</sup>
- Another study determined that, in addition to medical cost savings, employer-based family planning coverage also yields savings due to decreased absenteeism, increased productivity, and improved employee morale.<sup>33</sup>
- Research finds that the IUD is among the most cost effective methods of contraception, due to that the fact that it is nearly 100 percent effective and that it is less expensive to use over a five year period than many other methods, including the pill.<sup>34</sup>
- In fact, researchers estimate that switching from methods such as the condom, pill, or patch to long-acting, low maintenance, reversible methods (either the IUD or the implant) would lead to millions of dollars in *additional* cost savings. For example, if just 10% of women age 20–29 switched to

the IUD or implant, an additional savings of \$375 million annually would be realized.<sup>35</sup>

Furthermore, the cost of offering family planning coverage to employees is minimal, accounting for less than one percent of total employee health insurance coverage costs.<sup>36</sup> These costs are easily offset by savings to the employer due to averted unplanned pregnancies. In fact, even before passage of the ACA, the National Business Group on Health recommended that employers offer services that help to reduce unplanned pregnancies (including coverage of all FDA-approved prescription methods) at no cost to employees based on evidence that such coverage results in cost savings to companies.<sup>37</sup>

## What It All Means

**Bottom line: The capacity to plan and space pregnancies—which is typically achieved through the use of birth control—has significant and meaningful benefits for our society.** This includes reductions in spending on the health care costs associated with unplanned pregnancy (as summarized here), as well as improvements in the educational status of women and communities, stronger labor markets, advancements in the health and wellbeing of children and families, reductions in child poverty and fewer abortions (as summarized elsewhere in this volume).<sup>38</sup> As such, birth control deserves widespread support, expressed in a number of ways including minimal cost and access barriers, a prominent place in public health priorities and health care services, and broad political support.

But it is also true that for the most disadvantaged women and communities, the widespread use of birth control alone is not a panacea. For these women and communities, realizing the full benefit of pregnancy planning, spacing, and prevention also requires additional efforts to promote educational attainment, better schools, stronger

families, economic opportunities, job readiness, and more. Put another way, birth control alone cannot solve crushing poverty, but it can open the door to increased opportunity.

## Notes

<sup>a</sup> Unplanned pregnancy (also known as unintended pregnancy) refers to a pregnancy that a woman herself reports was not intended at the time of conception. Unplanned pregnancy includes both mistimed pregnancies (that is, the woman reported she did not want to become pregnant at the time the pregnancy occurred but did want to become pregnant at some point in the future) as well as unwanted pregnancies (that is, the woman reported at time of conception that she did not want to become pregnant then or at any time in the future). Many studies summarized here report the effects of unplanned pregnancy overall, while some focus specifically on either unwanted or mistimed pregnancies, as noted previously.

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Our mission is to improve the lives and future prospects of children and families and, in particular, to help ensure that children are born into stable, two-parent families who are committed to and ready for the demanding task of raising the next generation.

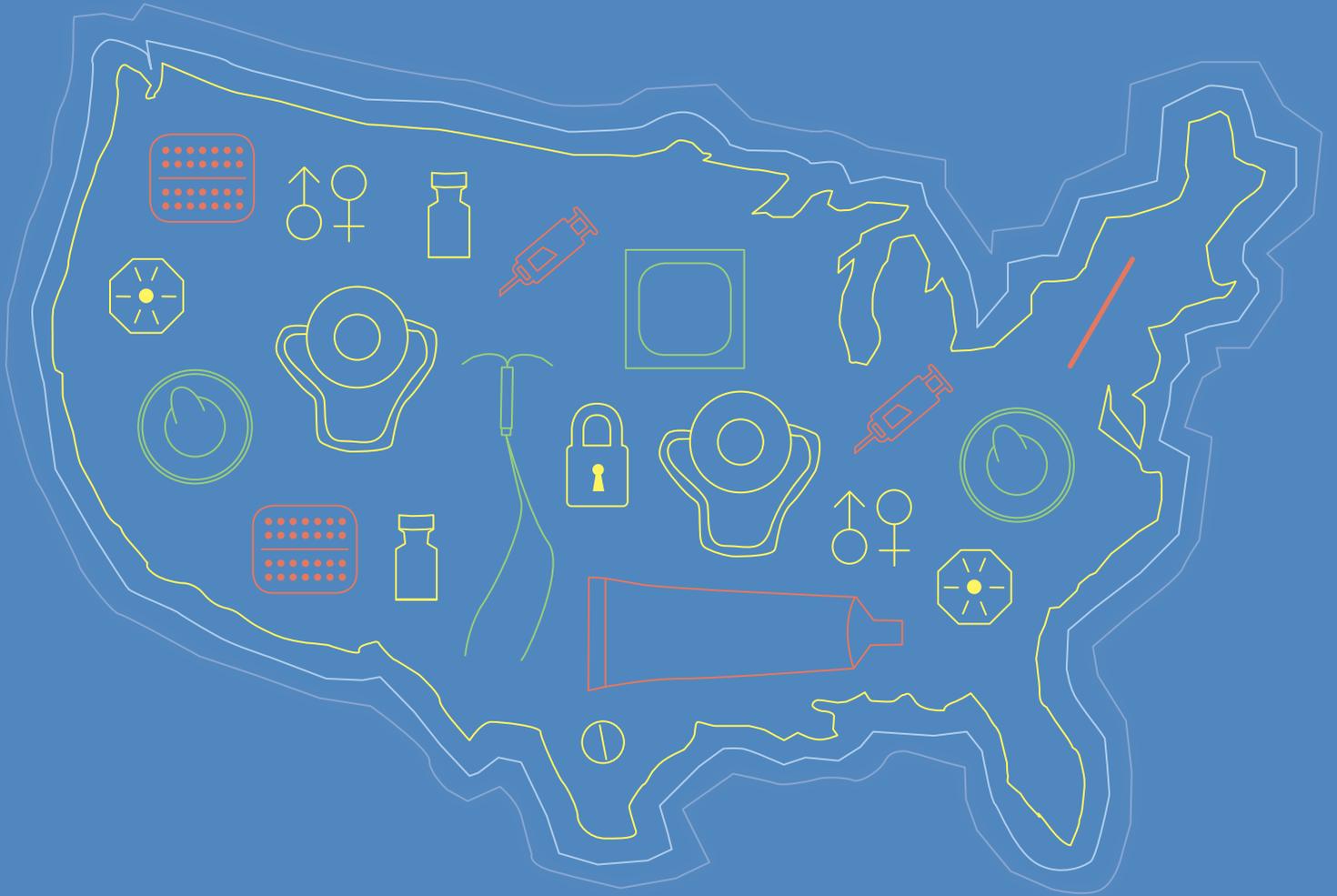
Our strategy is to prevent teen pregnancy and unplanned pregnancy, especially among single, young adults.

We support a combination of responsible behavior by both men and women and responsible policies in both the public and private sectors.

When we are successful, child and family wellbeing will improve. There will be less poverty, more opportunities for young men and women to complete their education or achieve other life goals, fewer abortions, and a stronger nation.



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