

# 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>

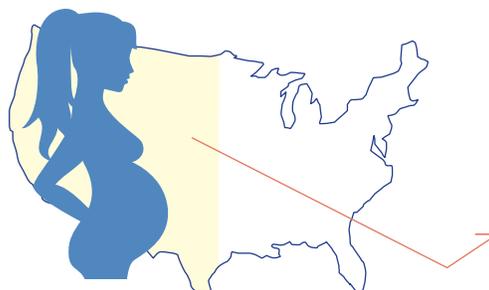
**Greater access to and consistent use of birth control is essential to significantly reducing the number of unplanned pregnancies and abortions in the U.S.**

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

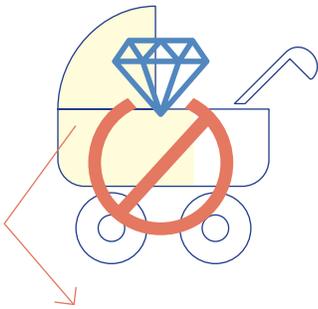


**Roughly half of all pregnancies in the US are reported by women themselves as unplanned.**



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.

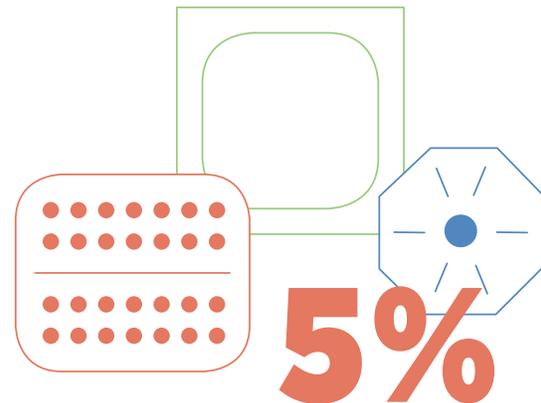
Given the link between unplanned pregnancy and less healthy behavior in the prenatal period, it's not surprising that unplanned pregnancy is also associated with significantly higher rates of preterm birth and low birthweight, with the risk particularly great following an *unwanted* pregnancy (that is, 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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