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## 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...

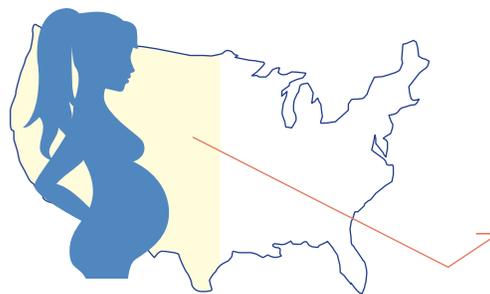
- Roughly half of all pregnancies in the United States are reported by women to be unplanned—that is, a pregnancy that a woman herself said she was not intending or actively trying to achieve.<sup>4</sup>
- Among unmarried young women age 20 to 29, the percentage of pregnancies that they report as being 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.



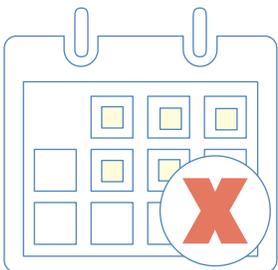
- It is important to recognize that, as a general matter, U.S. rates of unplanned pregnancy far exceed that of many comparable countries. For example, there were 54 unplanned pregnancies per 1,000 women in the United States compared to 38 per 1,000 in Europe as of 2008. Furthermore, while the overall 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.

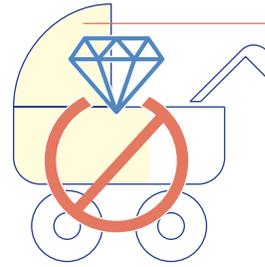
## The Role of Family Planning

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.**

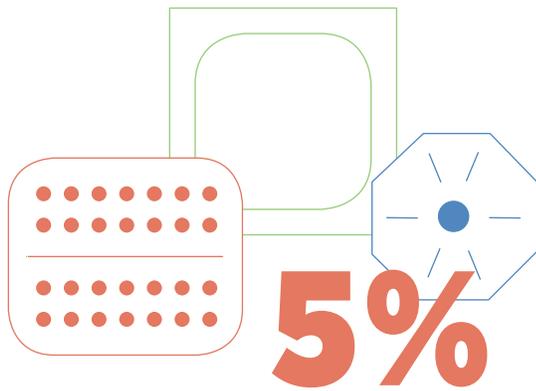


**Among unmarried women (age 20–29) nearly 70% of all pregnancies are unplanned.**

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



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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.

### Sources

- Chandra, A., Mosher, W.D., Copen, C., & Sionean, C. (2011). Sexual behavior, sexual attraction, and sexual identity in the United States: Data from the 2006–2008 National Survey of Family Growth. *National Health Statistics Reports*, 36, 1–36.
- Ten great public health achievements—United States, 1900–1999. (1999). *MMWR: Morbidity and Mortality Weekly Report*, 48(12), 241–243.
- Kaye, K., Suellentrop, K., & Sloup, C. (2009). *The Fog Zone: How misperceptions, magical thinking, and ambivalence put young adults at risk for unplanned pregnancy*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.
- The National Campaign to Prevent Teen and Unplanned Pregnancy. (2012). *Briefly: Unplanned pregnancy among unmarried young women*. Washington, DC: Author. Retrieved from <http://thenationalcampaign.org/resource/briefly-unplanned-pregnancy-among-unmarried-young-women>.
- Author tabulations based on data in Zolna, M., & Lindberg, L. (2012). *Unintended pregnancy: Incidence and outcomes among young adult unmarried women in the United States, 2001 and 2008*. New York, NY: Guttmacher Institute. Retrieved from <http://www.guttmacher.org/pubs/unintended-pregnancy-US-2001-2008.pdf>.
- Frost, J.J., Darroch, J.E., & Remez, L. (2008). Improving contraceptive use in the United States. *In Brief*, 2008(1), 1–8. Retrieved from the Guttmacher Institute website <http://www.guttmacher.org/pubs/2008/05/09/ImprovingContraceptiveUse.pdf>.
- Author tabulations based on unpublished data provided by the Guttmacher Institute [Data file].
- Finer, L.B., & Zolna, M.R. (2014). Shifts in intended and unintended pregnancies in the United States, 2001–2008. *American Journal of Public Health*, 104(S1), S43–S48.
- Frost et al., 2008.
- Conclusions about trends in contraceptives use are based on reported results from: Abma, J.C., Chandra, A., Mosher, W.D., Peterson, L.S., & Piccinino, L.J. (1997). Fertility, family planning, and women's health: New data from the 1995 National Survey of Family Growth. *Vital and Health Statistics*, 23(19), 1–114; Chandra, A., Martinez, G.M., Mosher, W.D., Abma, J.C., & Jones, J. (2005). Fertility, family planning, and reproductive health of U.S. women: Data from the 2002 National Survey of Family Growth. *Vital and Health Statistics*, 23(25), 1–160; Jones, J., Mosher, W.D., & Daniels, K. (2012). Current contraceptive use in the United States, 2006–2010, and changes in pattern of use since 1995. *National Health Statistics Reports*, 60, 1–26; Mosher, W.D., & Bachrach, C.A. (1986). Contraceptive use: United States, 1982. *Vital and Health Statistics*, 23(12), 1–52; Mosher, W.D., & Pratt, W.F. (1990). Contraceptive use in the United States, 1973–88. *Advance Data from Vital Health and Statistics*, 182, 1–12; Mosher, W.D., & Jones, J. (2010). Use of contraception in the United States: 1982–2008. *Vital and Health Statistics*, 23(29), 1–44. Women who were pregnant, seeking to become pregnant or reported being noncontraceptively sterile were excluded from the tabulations.
- Conclusions about trends in unplanned pregnancy and abortion are based on results reported in Zolna & Lindberg, 2012; Finer & Zolna, 2014; Chandra et al., 2005; Boonstra, H.D., Gold, R.B., Richards, C.L., & Finer, L.B. (2006). *Abortion in women's lives*. New York, NY: Guttmacher Institute. Retrieved from <http://www.guttmacher.org/pubs/2006/05/04/AiWL.pdf>; Finer, L.B., & Henshaw, S.K. (2006). Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspectives on Sexual and Reproductive Health*, 38(2), 90–96; Finer, L.B., & Zolna, M.R. (2011). Unintended pregnancy in the United States: Incidence and disparities, 2006. *Contraception*, 84(5), 478–485; Henshaw, S.K., & Kost, K. (2008). *Trends in the characteristics of women obtaining abortions, 1974 to 2004*. New York, NY: Guttmacher Institute. Retrieved from <http://www.guttmacher.org/pubs/2008/09/23/TrendsWomenAbortions-wTables.pdf>; Jones, R.K., Kost, K., Singh, S., Henshaw, S.K., & Finer, L.B. (2009). Trends in abortion in the United States. *Clinical Obstetrics and Gynecology*, 52(2), 119–129; Jones, R.K., & Kavanaugh, M.L. (2011). *Changes in abortion rates between 2000 and 2008 and lifetime incidence of abortion*. *Obstetrics and Gynecology*, 117(6), 1358–1366; Martin, J.A., Hamilton, B.E., Ventura, A.J., Osterman, M.J.K., & Matthews, T.J. (2013). Births: Final data for 2011. *National Vital Statistics Reports*, 62(1), 1–70; Mosher, W.D., Jones, J., & Abma, J.C. (2012). Intended and unintended births in the United States: 1982–2010. *National Health Statistics Reports*, 55, 1–28; Ventura, S.J., & Bachrach, C.A. (2000). Nonmarital childbearing in the United States, 1940–99. *National Vital Statistics Reports*, 48(16), 1–39; Williams, L.B., & Pratt, W.F. (1990). Wanted and unwanted childbearing in the United States: 1973–88. *Advance Data from Vital Health and Statistics*, 189, 1–8. Trends for unplanned pregnancy among unmarried women are not reported consistently over this period; therefore the sum of the abortion rate for unmarried women and the rate of births resulting from an unplanned pregnancy among unmarried women is used as a proxy.
- We note that this increase in unplanned pregnancies led to an increase in unplanned births rather than an increase in abortions, as women became more likely to carry their unplanned pregnancies to term rather than terminate them. In fact, the abortion rate to unmarried women fell between 2002 and 2008. Even so, this increase in unplanned pregnancy is not inconsequential. Had unplanned pregnancy been falling during this period instead of rising, it is likely that the decline in abortion would have been even greater. Furthermore, births following unplanned pregnancies are themselves linked to a variety of other hardships for families, as summarized elsewhere in this volume.
- Singh, S., Sedgh, G., & Hussain, R. (2010). Unintended pregnancy: Worldwide levels, trends, and outcomes. *Studies in Family Planning*, 41(4), 241–250.



14. Sedgh, G., Singh, S., Shah, I.H., Åhman, E., Henshaw, S.K., & Bankole, A. (2012). Induced abortion: Incidence and trends worldwide from 1995 to 2008. *The Lancet*, 379(9816), 625–632.
15. Frost et al., 2008; Jones, R.K., Darroch, J.E., & Henshaw, S.K. (2002). Contraceptive use among U.S. women having abortions in 2000–2001. *Perspectives on Sexual and Reproductive Health*, 34(6), 294–303.
16. Homco, J.B., Peipert, J.F., Secura, G.M., Lewis, V.A., & Allsworth, J.E. (2009). Reasons for ineffective pre-pregnancy contraception use in patients seeking abortion services. *Contraception*, 80(6), 569–574. We note that while cost and access may not be prevalent reasons for using no contraception *whatsoever* (given that condoms are low cost and methods such as withdrawal and natural family planning are essentially free), consistent use of *highly effective* (i.e. hormonal) methods requires access to a physician, follow-up visits in some cases, regular trips to the pharmacy in many cases and co-pays of varying amounts. Therefore, it is not surprising that results from the CHOICE project strongly point to cost and access as barriers to consistent and effective use of contraception for many women, and suggest that eliminating these barriers can significantly reduce both unplanned pregnancy and abortion.
17. Ziemann, M., & Hatcher, R.A. (2012). *Managing Contraception*. Tiger, GA: Bridging the Gap Foundation.
18. Peipert, J.F., Madden, T., Allsworth, J.E., & Secura, G.M. (2012). Preventing unintended pregnancies by providing no-cost contraception. *Obstetrics and Gynecology*, 120(6), 1291–1297. Comparison to national rates is based on 2008 (the most recent year available for national data at the time of the study).
19. LARCs include IUDs (intra-uterine device) such as Mirena and Paragard as well as implants such as Implanon and Nexplanon. Winner, B., Peipert, J.F., Zhao, Q., Buckel, C., Madden, T., Allsworth, J.E., & Secura, G.M. (2012). Effectiveness of long-acting reversible contraception. *New England Journal of Medicine*, 366, 1998–2007.
20. Hirsch, H., Turner, R., Philliber, A., Philliber, S., & Biggs, M.A. (2013). *Increasing LARC use in an effort to reduce unintended pregnancies: A look at the Iowa initiative to reduce unintended pregnancies*. Paper presented at the 141st APHA Annual Meeting and Exposition, Boston, MA.
21. Rose, S.B., & Lawton, B.A. (2012). Impact of long-acting reversible contraception on return for repeat abortion. *American Journal of Obstetrics and Gynecology*, 206(1), 37 e31–36.
22. Jones & Kavanaugh, 2011.
23. Peipert et al., 2012.
24. Note that this 11% shift of young unmarried women equates to a 25% reduction in the proportion of these women who are using no female contraception. Karpilow, Q., Manlove, J., Sawhill, I., & Thomas, A. (2013). *The role of contraception in preventing abortion, nonmarital childbearing, and child poverty*. Paper presented at the Association for Public Policy Analysis and Management Fall Research Conference, Washington, DC. Retrieved from [http://www.appam.org/assets/1/7/The\\_Role\\_Of\\_Contraception\\_In\\_Preventing\\_Abortion\\_Nonmarital\\_Childbearing\\_And\\_Child\\_Poverty.pdf](http://www.appam.org/assets/1/7/The_Role_Of_Contraception_In_Preventing_Abortion_Nonmarital_Childbearing_And_Child_Poverty.pdf).
25. Finer, L.B., Jerman, J., & Kavanaugh, M.L. (2012). Changes in use of long-acting contraceptive methods in the United States, 2007–2009. *Fertility and Sterility*, 98(4), 893–897.
26. Jones, R.K., & Jerman, J. (2014). Abortion incidence and service availability in the United States, 2011. *Perspectives on Sexual and Reproductive Health*, 46(1), 3–14.
27. Kaye, K., Gootman, J.A., Ng, A.S., & Finley, C. (2014). Summary. In *The benefits of birth control in America: Getting the facts straight*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy; Sonfield, A., Hasstedt, K., Kavanaugh, M.L., & Anderson, R. (2013). *The social and economic benefits of women's ability to determine whether and when to have children*. New York, NY: Guttmacher Institute. Retrieved from <http://www.guttmacher.org/pubs/social-economic-benefits.pdf>; Logan, C., Holcome, E., Manlove, J., & Ryan, S. (2007). *The consequences of unintended childbearing*. Washington, DC: Child Trends.