

# Contraception, Childbearing, and Women's Outcomes in the United States

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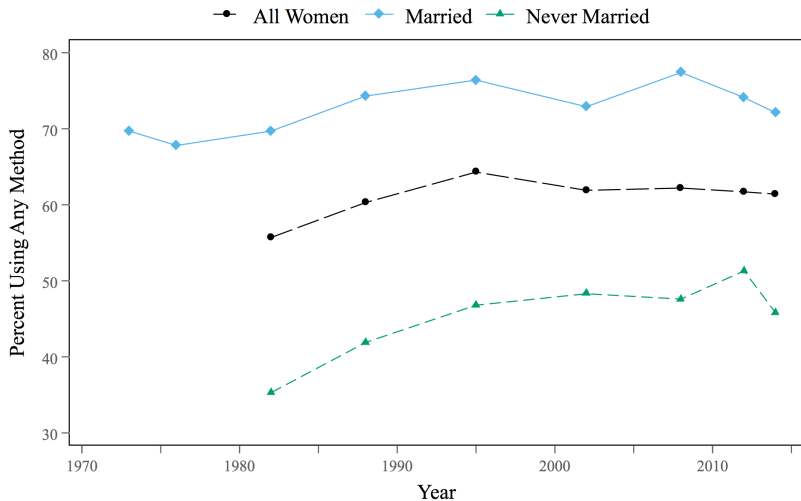
# THE CASE FOR CONTRACEPTION ACCESS

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2. Pregnancy and childbearing can be extremely detrimental to women's educational, health, and economic outcomes

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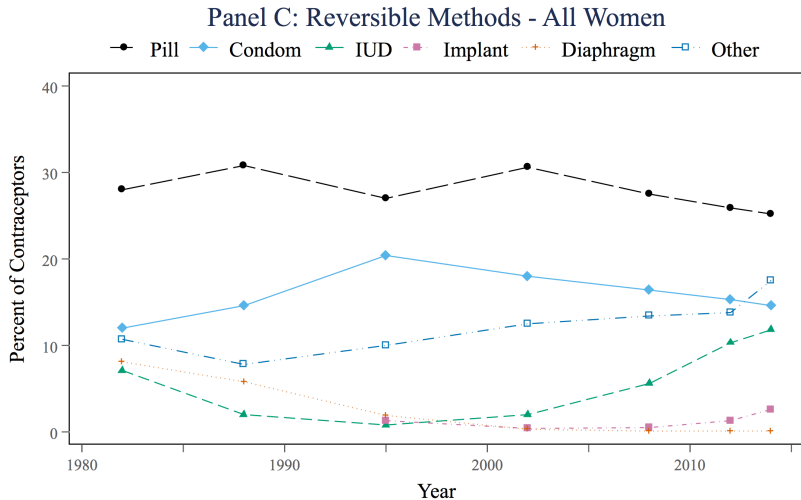
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3. *Contraception is critical to women's educational, health, and economic outcomes*

# CONTRACEPTION USE IN THE US



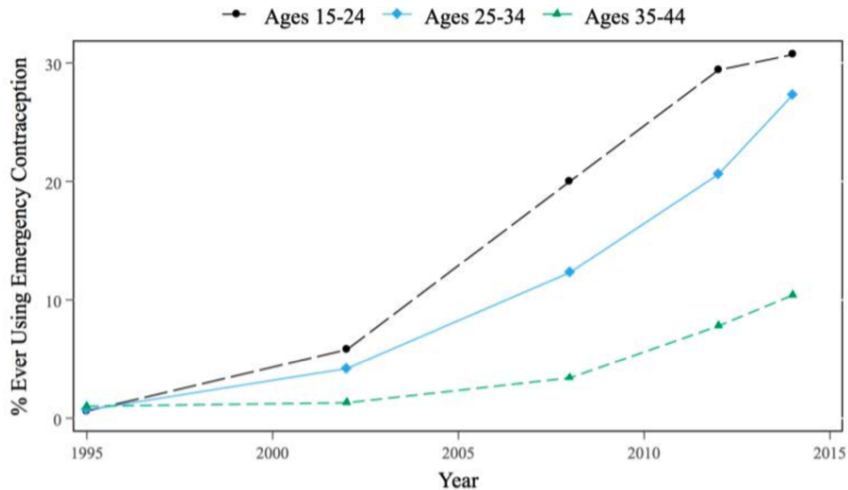
Source: Bailey and Lindo (forthcoming)

# CONTRACEPTION USE IN THE US



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# EMERGENCY CONTRACEPTION USE IN THE US



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# CONTRACEPTION USE IN THE US

Widespread belief that “too few women are using the most effective types”  
(LARCs = IUDs + implants)

Use of LARCs is lower in the US than in most European countries and many developing countries

# CDC *Vital*signs™

April 2015

## Preventing Teen Pregnancy

National Center for Chronic Disease Prevention and Health Promotion  
Division of Reproductive Health



**Problem**

*Few teens (ages 15 to 19)  
on birth control use  
the most effective types.*



# THE CASE FOR LARCS

LARCs: Sub-dermal implants and intrauterine devices (IUDs)



Main benefits:

Eliminates user compliance error → highly effective

Not visible (Note: 68% of teens report that the primary reason they do not use birth control is because they are afraid their parents will find out)

Can last up to 12 years → lower cost over time

# THE CASE FOR LARCS

## PREGNANCY PREVENTION RATES (1-YEAR)

Method	Typical Use	Perfect Use	Coverage Time
Sterilization	99.9%	99.9%	Lifetime
<b>Intrauterine Device</b>	99.9%	99.9%	3-12 years
<b>Implant</b>	99.9%	99.9%	3 years
Oral Contraceptive	91%	99.7%	1 month
Condom	82%	98%	N/A
No Method	15%	15%	N/A

# BARRIERS TO ACCESS IN THE US?

How do we know whether they matter?

By evaluating the effects of relevant policies

# THE HEALTH-INSURANCE/COST BARRIER

State policies during 1990s increased income limits for Medicaid

→ contraception use ↑ and childbearing ↓ (Kearney and Levine 2009)

ACA's contraceptive mandate

- Required insurers to cover all forms of contraception without cost-sharing
- Religious exemption initially, now religious + moral exemption
- Still many without insurance or on grandfathered plans
- And youth may be unwilling to use parent's insurance for contraception

Note: approx \$1,000 to get an IUD

## OTHER POSSIBLE BARRIERS

### Privacy

Information, particularly about the efficacy and safety of LARCs; CDC outreach has focused on providing this information to *medical professionals*

Providers need to be trained for counseling/insertion/removal of LARCs

Clinics serving low-income women typically cannot afford to stock LARCs

## RECENT EVIDENCE: COLORADO FAMILY PLANNING INITIATIVE

\$23 million program aimed at expanding access to LARCs through Title X clinics from 2009-2015

Funds used for:

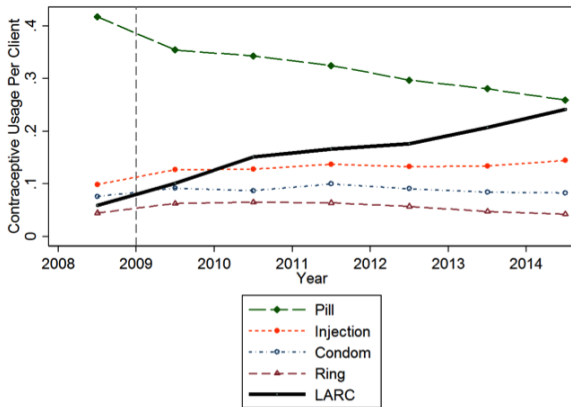
- purchasing IUDs and implants

- training for LARC counseling, insertion, and removal

- technical assistance for coding and billing and other general assistance

# RECENT EVIDENCE: COLORADO FAMILY PLANNING INITIATIVE

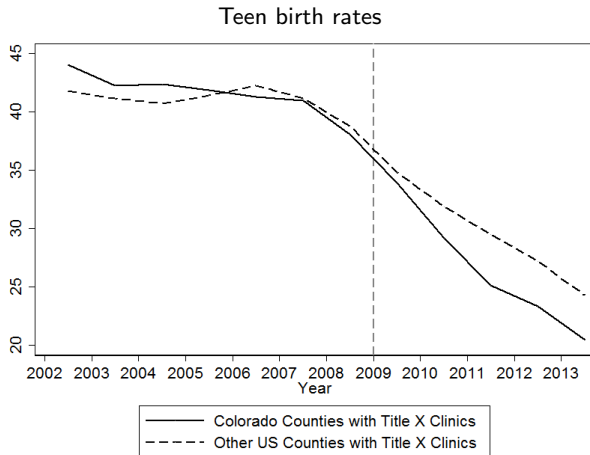
## Primary Form of Contraception: Female Clients at Title X Clinics in Colorado



This LARC usage rate only increased to 7.4 percent across the US over the same period of time

Source: Lindo and Packham (2017)

## RECENT EVIDENCE: COLORADO FAMILY PLANNING INITIATIVE



*This comparison indicates the CFPI reduced teen birth rates 6.4%*

Source: Lindo and Packham (2017)



# MORE RECENT EVIDENCE:

## TEXAS CUTTING FAMILY PLANNING FUNDING BY 2/3



Source: Packham (2017)

## MORE RECENT EVIDENCE:

### TEXAS CUTTING FAMILY PLANNING FUNDING BY 2/3

Also caused significant increases in births to older women, particularly those who were not married (Lu and Slusky 2016)

The initial rollout of federally funded family planning programs during the 1960s and 1970s provide evidence along similar lines (Bailey 2012)

# THEORY: EFFECTS ON EDUCATIONAL AND ECONOMIC OUTCOMES

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Without contraception, pay the price of abstinence or cope with uncertainty

Unintended pregnancy risks alter the incentives to invest

Two channels to consider:

1. Unintended pregnancies that interrupt schooling/careers cause some women to discontinue or delay such investments
2. *Risks* of such interruptions could discourage women from embarking upon long-term investments

# ESTIMATION: EFFECTS OF CONTRACEPTION/PREGNANCY/CHILDBEARING

Need to know the *causal* effects to inform policy

Limited experimental evidence, particularly for long-run outcomes

Two main approaches:

- Documenting impacts of policy changes
- Examining effects of *random* shocks to pregnancy

# ESTIMATION: EFFECTS OF CONTRACEPTION/PREGNANCY/CHILDBEARING

## Examining impacts of policy changes

- Typically compare how outcomes change—over time or across successive cohorts—in places where a policy was changed *relative to how outcomes change in places where a policy didn't change*
- Fine-tune estimates by adjusting for pre-existing trends, demographics, other relevant policies, etc.

# ESTIMATION: EFFECTS OF CONTRACEPTION/PREGNANCY/CHILDBEARING

## Examining impacts of policy changes

- Several studies examining impacts of 1960s and 1970s policies that improved women's ability to regulate their childbearing
- Changes in state laws allowing physicians to prescribe contraception to unmarried women younger than 21; "early legal access" (ELA)



## ESTIMATION: EFFECTS OF CONTRACEPTION/PREGNANCY/CHILDBEARING

Estimating the effects of pregnancy and childbearing using random shocks to pregnancy

- Miscarriages: delays childbearing and, for some women, reduces completed childbearing
- Twin births: accelerates childbearing and, for some women, increases completed childbearing
- Slight differences in timing
- *Note: none of these are perfect*

# EFFECTS ON EDUCATION AND CAREER CHOICE

ELA to contraception associated with increases in education, especially for women from disadvantaged backgrounds

- An additional 1/2 year on average for women from the bottom third of a socioeconomic status index (Bailey et al 2012)
- Also credited with increasing the enrollment of women in college and professional schools (Goldin and Katz 2002)

# EFFECTS ON EDUCATION AND CAREER CHOICE

Miscarriage before 18 as opposed to birth: (Ashcraft et al 2013)

- increases the GED completion by 5 percentage points
- increases education levels by 0.15 years on average
- likely understates the effect of unplanned pregnancies b/c it does not account for any detrimental effects of becoming pregnant, the early stages of pregnancy, or miscarriage itself

Birth shortly before expected high school graduation date vs. a few months later:  
(Sandler and Schulkind 2017)

- 7% less likely to graduate high school
- 5% less likely to have attended college

## EFFECTS ON LABOR FORCE PARTICIPATION (LFP)

ELA to contraception associated with an 8% increase in women's LFP between ages 26 to 30 (Bailey 2006)

Miscarriage before age 18 as opposed to giving birth increases subsequent LFP by 5 percentage points (Ashcraft et al 2013)

Women having twins (or higher order multiples) as opposed to a singleton are 4 percentage points less likely to participate in the labor force (Cáceres-Delpiano 2006)

## EFFECTS ON INCOME/WAGES

ELA to contraception associated with 8 percent higher hourly wages during women's late forties (Bailey et al 2012)

- 2/3 explained by labor force experience
- 1/3 explained by education and occupational choice

Miscarriage before age 18 as opposed to giving birth pushes women closer to—or under—the poverty line (Ashcraft et al 2013)

Having twins (or higher order multiples) as opposed to a singleton reduces income, increases poverty, and increases welfare dependency

(Cáceres-Delpiano and Simonsen 2012)

# HEALTH EFFECTS

Obviously, preventing unintended pregnancies will reduce health risks associated with pregnancy and delivery

Access to contraception also reduces abortion

(Bailey and Lindo forthcoming, Ananat and Hungerman 2012, Packham 2017, Fischer et al 2017)

Unplanned births increase the likelihood of suffering from high blood pressure and becoming obese

(Cáceres-Delpiano and Simonsen 2012)

## EFFECTS ON CHILDREN AND FAMILIES

The aforementioned results imply that controlling childbearing is important for the resources available to children

The initial rollout of federally funded family planning programs during the 1960s and 1970s reduced the share of children living in poverty by 7% (Bailey et al 2017)

Unplanned births increase the likelihood of divorce and have deleterious effects on the IQ of previously born children (Black et al 2010, Cáceres-Delpiano and Simonsen 2012)

Pre-term-birth incidence fell by 13 percent in the counties where the Colorado Family Planning Initiative made LARCs available at no cost relative to other Colorado counties (Goldthwaite et al 2015)

# THE BOTTOM LINE

The ability to control childbearing has significant impacts on women's health, education, and economic outcomes

The impacts extend beyond women: their children, their partners, social assistance programs

Programs improving reproductive choice can improve these outcomes