



The Promise of Birth Control

Ron Haskins, Isabel Sawhill, and Sara McLanahan

Children born outside of marriage fare worse than children born to married parents, on average. Births to unwed mothers and single parenthood have other negative consequences, including increased spending on health care and social welfare programs. The majority of such births are unplanned. Greater access to birth control—particularly the newer, more effective types of birth control known as long-acting, reversible contraception—helps women delay childbearing until they and their partners are in a stable relationship, ready to marry, and ready to become parents. Attempts to expand voluntary use of long-acting contraception are being disrupted by political infighting.

Ron Haskins is a senior fellow in economic studies and co-director of the Center on Children and Families at the Brookings Institution, and a senior consultant at the Annie E. Casey Foundation. Isabel Sawhill is a senior fellow at the Brookings Institution. Sara McLanahan is the director of the Center for Research on Child Wellbeing and the William S. Tod Professor of Sociology and Public Affairs at Princeton University.

The increase in childbearing outside of marriage since the 1960s has exacerbated America's most pressing social problems, hampering efforts to promote child development, alleviate poverty, and improve economic mobility. Such births—usually unplanned and occurring outside stable relationships—portend negative consequences for the parents, the child, and society. The nation has developed a number of policies to promote marriage as the best environment for raising children, but effective birth control is an essential tool for preventing early, unplanned births.

Since the Food and Drug Administration first approved the Enovid pill as a contraceptive in 1960, millions of married and unmarried women have used oral contraceptives to control their fertility, more or less successfully. Now we have even more effective forms of birth control, known as long-acting, reversible contraception (LARCs). LARCs include intrauterine

devices (IUDs) and subdermal implants. These newer forms of birth control are not only effective but safe for almost all women. They have the potential to dramatically reduce the rate of both unplanned pregnancies and abortions. This brief, which accompanies a new *Future of Children* issue on marriage, argues that of all the policies that might prevent nonmarital births and restore marriage, or at least more stable relationships and better parenting, helping couples to avoid early, unplanned childbearing may be the most effective.

The Frequency of Nonmarital Births

In 1960, only 5 percent of births in the United States occurred outside marriage. That number then began to rise steadily, peaking at 41 percent in 2009. What is going on here? First, people are marrying much later or not at all. But they have not stopped having sex, and sex leads to pregnancy. Second, almost three-quarters of pregnancies to single women under the age of 30 are unplanned. Though some of these pregnancies will be aborted, many will be carried to term, and 60 percent of nonmarital births to women under 30 are unplanned. In short, young adults are drifting into parenthood unintentionally.

Recent trends in nonmarital childbearing are a bit more encouraging. Since 2009, the percentage of nonmarital births has held steady or declined slightly. This improvement could be a temporary result of the financial hardships imposed by the Great Recession of 2007–09. Or it could stem from more fundamental changes in attitudes or in the availability of birth control. The second interpretation is reinforced by examining the nonmarital birthrate per 1,000 women aged 15–44. Like the percentage of births outside marriage, the nonmarital birthrate increased rapidly from 1950 to 1990, rising from about 14 to nearly 44 per 1,000. But the rate in 2013, more than two decades later, was more or less the same as the rate in 1991 (44.8 vs. 45). Changes in the rate of births to teens are even more encouraging: the rate has declined every year except two since 1991, and over that period it has fallen more than 60 percent.

Why Worry?

Research on the decline in marriage, reviewed in the new issue of the *Future of Children* (co-edited

by Sara McLanahan and Isabel Sawhill), indicates that childbearing outside of marriage is associated with a number of negative outcomes. The reasons for these poor outcomes are many, according to an article in the journal by David Ribar; they include the characteristics of those who are most likely to have children outside of marriage, the parents' financial resources, the limited amount of time single parents can devote to caring for their children, and the instability of the parents' relationship. Add to the list the fact that most of these pregnancies and births are unplanned, and it is not hard to see how a child's healthy development could be compromised.

Many of these parents are cohabiting when their baby is born. But about half of couples who have a child while cohabiting will split by the time the child reaches age five, as compared with about a fifth of married couples. In many cases, the mother goes on to form other romantic relationships, many of which also crumble, thereby compounding the threat to the child's development. The high rate of breakups among couples who cohabit at the time of the birth, combined with the fact that about half of nonmarital births are to couples who don't cohabit, means that more than 70 percent of children born outside marriage spend some or all of their crucial early years in single-parent families.

Beyond their negative impact on children's development, nonmarital births and single parenting have other unfortunate effects. For example, children in female-headed families are five times as likely to live in poverty; their mothers may see their education disrupted, and they are less likely than other women to marry in the future. Fathers of children being raised by single women may face child support payments that can have a crippling effect on their long-term financial status and likely reduce their incentive to work. There are also effects on taxpayers, including increased public spending on health care costs associated with the birth and an increased likelihood that the child will receive cash and in-kind welfare benefits, often beginning at birth.

Comparing these costs with the cost of government-subsidized contraception shows that expanding the use of subsidized birth control would produce substantial taxpayer savings by helping more women

avoid unplanned births. A 2007 study by Diana Greene Foster, for example, found that implants and IUDs saved more than \$7 for every \$1 spent on the services; that injectable contraceptives produced savings of \$5.60 per \$1 spent; and that oral contraceptives saved \$4.07 per \$1 spent. The Foster study is backed by several other studies showing that spending on contraception more than pays for itself. Further, among types of contraception, LARCs almost always produce the most favorable cost-benefit ratios. None of these studies estimated the long-term savings produced when mothers, having delayed birth, are able to return to school, or the savings created when more children are born into stable homes. A study by Martha Bailey of the University of Michigan, however, showed that delayed pregnancy, the reduction in unplanned births caused by expanded legal access to abortion, and the expansion of federal funding for family planning clinics between 1964 and 1973 had several positive effects on children born afterward, including effects on their education, employment, wages, and family incomes as adults. Similarly, a recent study by Isabel Sawhill and Joanna Venator shows that, by increasing women's education, job experience, and likelihood of marrying, reducing the number of unplanned births produces long-term impacts on their children's education and earnings.

Reducing Unplanned Pregnancy

One way to prevent births outside of marriage is to help more women delay childbearing until they and their partners are in a stable relationship, ready to marry, and ready to become parents. That means reducing the large number of unplanned pregnancies, unstable cohabitations, and ill-timed births using a variety of policies and programs.

Isabel Sawhill, Adam Thomas, and Emily Monea, writing in the *Future of Children* in 2010, simulated the costs and effects of a mass media campaign encouraging the use of condoms, a teen pregnancy prevention program, and an expansion in access to contraception through broadened Medicaid eligibility. All three simulations demonstrated that the programs would reduce the rate of nonmarital births and produce benefits that exceeded their costs.

More recently, the Obama administration has designed and implemented a Teen Pregnancy Prevention Initiative (TPPI) based on two principles

that, in effect, define the administration's approach to evidence-based policy. Reducing teen pregnancy is important in part because nearly half of unmarried births are to women who begin childbearing in their teens.

The first principle is to award money through competitive grants to organizations that use model teen pregnancy prevention programs that have been shown, through high-quality evaluations, to reduce teen sexual activity or pregnancy rates. As part of this initiative, the administration worked with Mathematica Policy Research to review the research literature on teen pregnancy prevention programs and identify those that clearly reduced teen sexual activity or nonmarital births. Thirty-seven model programs met their criteria. Most of the grants are awarded to organizations using one of these 37 evidence-based programs. Programs that meet the evidence standard include abstinence-only programs, programs that address both abstinence and contraception, and youth development programs. All of them can change behavior related to teen pregnancy.

The second principle is that the model programs awarded funds must be subject to high-quality evaluations to ensure that they produce the effects seen previously in other locations. By subjecting programs to high-quality evaluations, the administration aims to learn how programs that produce impacts in one setting can be implemented in multiple settings without weakening their effectiveness. If programs produce modest or no impacts on sexual activity or pregnancy rates, program operators are urged to face the facts, make changes, and strive for continuous improvement through continuous evaluation.

The administration has awarded TPPI grants to 102 organizations around the nation. The programs are now in their fifth year of operation and will soon produce a huge volume of information about their effectiveness. These programs, plus teen pregnancy prevention programs funded by other federal sources, are almost all being carefully evaluated. We will learn a great deal about expanding these evidence-based programs to additional sites; the resulting knowledge is likely to lead to further improvements in the programs and to more effective programs at more sites in the future. If the

administration's plans work, and if Congress continues funding TPPI and similar programs, further reductions in teen pregnancy rates are likely to follow the already impressive declines over the past quarter century.

The expansion of programs to reduce teen sexual activity and pregnancy rates isn't the only hopeful development in the fight against nonmarital and unplanned births. The rise of LARCs could play a major role in reducing nonmarital births, although use of LARCs is still not widespread. Only about 12 percent of women aged 15–44 using birth control (or 7 percent of all women 15–44) use LARCs. Many observers believe that LARCs are effective in large part because they change the default for women from having to take action to avoid pregnancy (that is, consistently take a pill or use a condom) to having to take action to become pregnant (that is, remove an IUD or an implant).

Several large-scale projects are demonstrating that when women are offered counseling and access to a range of contraceptive methods, they overwhelmingly choose LARCs. These projects have found reduced rates of both unplanned pregnancy and abortion. A study in St. Louis, called the Contraceptive CHOICE Project, involved almost 10,000 women, who were given the option of choosing birth control pills, the hormonal patch, a vaginal ring, injections, a long-lasting hormonal contraceptive, or a LARC. It showed what could be achieved by a combination of good counseling and no-cost access to contraception. Participants were 14 to 45 years old and did not want to become pregnant for at least the next 12 months. At the end of three years, the women who used LARCs or injections were much less likely to have become pregnant. The pregnancy rate for those who used the pill, patch, or ring was 9.4 percent; the rate for those who used IUDs and implants was 0.9 percent; and the rate for those who received injections was 0.7 percent. There were also fewer abortions among those who used LARCs.

Another large-scale study involved almost the entire state of Colorado. Health officials found, based on a state monitoring system, that nearly 80 percent of women using contraception covered by Medicaid were using condoms, withdrawal, or the rhythm method, none of which are particularly effective at preventing pregnancies. In 2009, supported by

a private donation of \$23.6 million, health officials implemented the Colorado Family Planning Initiative, which provided 30,000 LARCs free of charge to women who requested them, as well as extensive training for staff and doctors regarding use of LARC methods.

In counties that had access to LARCs, births per 1,000 women aged 15–19 fell from 91 in the year before the initiative began to 67 four years later; for low-income women aged 20–24, births fell from 131 to 110 per 1,000 women. As in the St. Louis study, abortion rates also fell, in this case by 34 percent for teens and 18 percent for 20- to 24-year-olds. The decline in both the birthrate and the abortion rate was considerably greater than the decline in counties that didn't offer the program.

Neither the St. Louis program nor the Colorado program was evaluated by random assignment, which is considered the gold standard of evaluation design, so their results should be treated with caution. However, a recent national study that did employ random assignment, conducted by the Bixby Center at the University of California, San Francisco, found results similar to those in St. Louis and Colorado. Of 40 reproductive health clinics across the U.S., 20 were randomly assigned to receive staff training on counseling women about birth control and providing IUDs and implants. Twenty other clinics were assigned to provide standard care. Among a sample of 1,500 women 18–25 years old, the unplanned pregnancy rate in program clinics was about half that in control clinics. Unlike in Colorado or St. Louis, the birth control offered in this study was not necessarily free, so it appears that staff training is also an important element in programs to reduce unplanned pregnancy.

The Politics of Birth Control

After more than half a century, programs designed to reduce unplanned births outside of marriage for teenagers and adults have brought a wide array of benefits for couples, children, government, and society. But recent episodes in the politics of birth control show that both federal and state elected officials sometimes either fail to fully support such programs or oppose them outright. Two examples illustrate the range of arguments being used against these programs. The House Appropriations

Committee recently voted to terminate the federal TPPI program, and the Senate Appropriations Committee voted to cut its funding by 80 percent. At this writing, the outcome was uncertain, but if TPPI were ended or seriously cut back, the field of teen pregnancy prevention would lose a great deal of information about how to implement quality prevention programs, and many fewer teens would have the opportunity to participate in quality programs.

The second episode is taking place in the Colorado state legislature. We've seen that the Colorado initiative to promote LARCs and other forms of birth control has been highly effective, reducing both unplanned pregnancy and abortion rates. But the program was funded by a private donation that is coming to an end. Legislation to keep the program running was passed by the Democrat-controlled Colorado House (with some Republican support) but was defeated by the Republican-controlled Senate. Republicans opposed to the legislation argued that Medicaid, Title X, the Affordable Care Act, and other programs already provide enough funds for birth control; that birth control encourages sex among teenagers and unmarried young adults; that the IUD is a form of abortion; and that abstinence-only programs are the most appropriate programs for teens. Labeling the IUD as an abortifacient—meaning that it works by terminating a pregnancy—can be an especially powerful argument because many conservatives who vote in primaries are likely to oppose any Republican who supports expanded funding for abortifacients.

Most of the Republican objections to birth control are well within the range of arguments that are typical for a political debate. These arguments will continue to provide reason enough for many Republicans—and perhaps some Democrats—to oppose

expansion of government funding of birth control. However, the argument that the IUD is an abortifacient, perhaps the most explosive claim, deserves a brief review of the definitions and facts involved.

The issue boils down to the definition of when pregnancy occurs. The established legal and medical definition of a pregnancy is when a fertilized egg successfully implants in the uterus. This definition of pregnancy is widely accepted by medical experts, including the American College of Obstetricians and Gynecologists. In turn, the medical and scientific community defines contraception as something that prevents pregnancy. The weight of scientific evidence says that IUDs work to prevent fertilization. Even if there is a small chance that an IUD prevents implantation, it is not an abortifacient, because pregnancy, under this definition, begins only when implantation has occurred. Nonetheless, some people, as a matter of faith or personal belief, define pregnancy as beginning at fertilization. People who accept this definition of pregnancy may believe that an IUD is an abortifacient. This issue does not arise with subdermal implants, which release a hormone called progesterin that prevents ovulation and therefore fertilization.

All the arguments used by opponents of expanding birth control programs can be effective in legislative debates and electoral contests, more so in some states and cities than others. But there seems little doubt that if these arguments are successful in reducing funding, many of the benefits derived from birth control by parents (including teens), children, government, and society will be lost. Politics often involves tension among values. But in the case of birth control, the benefits of expanded access are unusually well documented.

Additional Reading

Martha J. Bailey. “Fifty Years of Family Planning: New Evidence on the Long-Run Effects of Increasing Access to Contraception.” Working paper no. 19493, National Bureau of Economic Research, Cambridge, MA, October 2013.

Diana Green Foster et al. “Cost Savings from the Provision of Specific Methods of Contraception in a Publicly Funded Program.” *American Journal of Public Health* 99 (2007): 446–51.

Tina Griego. “The Simple Policy That Led America’s Biggest Drop in Teen Birth Rates: The Lessons and Stories from Colorado’s Surprisingly Effective Approach.” *Washington Post*, October 20, 2014.

Cynthia C. Harper et al. “Reductions in Pregnancy Rates in the USA with Long-Acting Reversible Contraception: A Cluster Randomised Trial.” *Lancet* (online), June 17, 2015, doi: 10.1016/S0140-6736(14)62460-0.

Sara McLanahan et al., eds. “Fragile Families.” *Future of Children* 20, no. 2 (2010).

Sara McLanahan, Elisabeth Donahue, and Ron Haskins, eds. “Marriage and Child Wellbeing.” *Future of Children* 15, no. 2 (2005).

Sara McLanahan and Isabel Sawhill, eds. “Marriage and Child Wellbeing Revisited.” *Future of Children* 25, no. 2 (2015).

David C. Ribar. “Why Marriage Matters for Child Wellbeing.” *Future of Children* 25, no. 2 (2015): 11–28.

Sue Ricketts, Greta Klingler, and Renee Schwalberg. “Game Change in Colorado: Widespread Use of Long-Acting Reversible Contraceptives and Rapid Decline in Births among Young, Low-Income Women.” *Perspectives on Sexual and Reproductive Health* 46 (2014): 125–32.

Isabel Sawhill. *Generation Unbound: Drifting into Sex and Parenthood without Marriage*. Washington, DC: Brookings Institution Press, 2014.

Isabel Sawhill, Adam Thomas, and Emily Monea. “An Ounce of Prevention: Policy Prescriptions to Reduce the Prevalence of Fragile Families.” *Future of Children* 20, no. 2 (2005): 133–55.

Brooke Winner et al. “Effectiveness of Long-Acting Reversible Contraception.” *New England Journal of Medicine* 366 (2014): 1998–2007.

Senior Editorial Staff

Editor-in-Chief

Sara McLanahan

Princeton University

Director, Center for Research on Child Wellbeing, and
William S. Tod Professor of Sociology and Public Affairs

Senior Editors

Janet M. Currie

Princeton University

Director, Center for Health and Wellbeing; Chair,
Department of Economics; and Henry Putnam Professor
of Economics and Public Affairs

Ron Haskins

Brookings Institution

Senior Fellow, Cabot Family Chair, and Co-Director,
Center on Children and Families

Cecilia Elena Rouse

Princeton University

Dean, Woodrow Wilson School of Public and International
Affairs, Katzman-Ernst Professor in the Economics of
Education, and Professor of Economics and Public Affairs

Isabel Sawhill

Brookings Institution

Senior Fellow

Journal Staff

Associate Editor

Kris McDonald

Princeton University

Managing Editor

Jon Wallace

Princeton University

Outreach Director

Lisa Markman-Pithers

Princeton University

Associate Director, Education
Research Section

Outreach Coordinator

Stephanie Cencula

Brookings Institution

Communications Coordinator

Regina Leidy

Princeton University

Administrator

Tracy Merone

Princeton University



This policy brief is a companion piece to Marriage and Child Wellbeing Revisited, which can be found at no charge on our website, www.futureofchildren.org. Print copies of Marriage and Child Wellbeing Revisited can also be purchased on our website. While visiting the site, please sign up for our e-newsletter to be notified about our next issue, Children and Climate Change, as well as other projects.

The *Future of Children* would like to thank the Office of Planning, Research, and Evaluation in the Administration for Children and Families for its generous support. The views expressed in this policy brief are those of the authors and do not necessarily reflect positions of ACF.