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Improving Children's Life Chances through Better Family Planning

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Summary

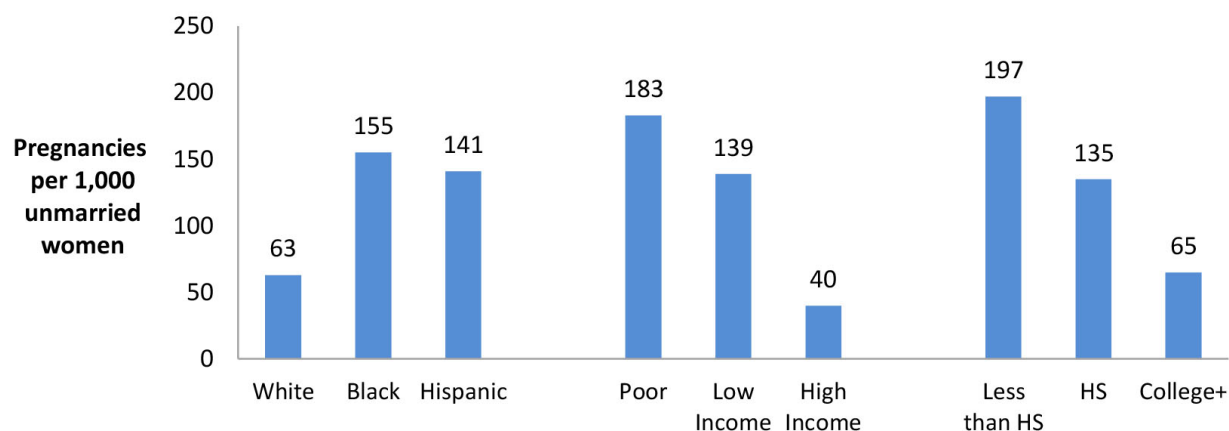
Non-marital childbearing is associated with many adverse outcomes for both the mother and the child. Most of these births are unintended. If we could reduce these unintended births it might improve children's prospects by enabling their mothers to get more education, earn more, and wait to have children within marriage. In this brief, we trace the effects of reducing unintended childbearing on children's success later in life by using the Social Genome Model (SGM) to simulate the effect on children's life chances of aligning women's fertility behavior with their intentions.

Though the impacts of improving women's control over their fertility are small for the population as a whole, there are significant and important improvements in the lives of children who would have otherwise been "born too soon." These findings suggest that increasing access to and awareness of high-quality, easy-to-use contraception and improving the educational and labor market prospects of low-income women are important steps in improving children's life chances.

Causes of Unintended Childbearing

Unintended pregnancy is a growing problem in the United States and accounts for the majority of births to single mothers. The term "unintended" is derived from the National Survey of Family Growth (NSFG) which asks women to characterize retrospectively the intentionality of all of their previous pregnancies at the time they learned they were pregnant. If a woman describes the pregnancy as unintended, she is then asked if the pregnancy was mistimed (that is, came earlier or later than the woman desired) or unwanted (that is, she never wanted the pregnancy to happen). About half of all pregnancies in the US are unintended and around seven-in-ten pregnancies to unmarried women under the age of 30 are unintended. Less educated, poor, and minority women all have particularly high rates of unintended pregnancy (see Figure 1).

Figure 1. Unintended Pregnancy Rates among Unmarried Women in their Twenties



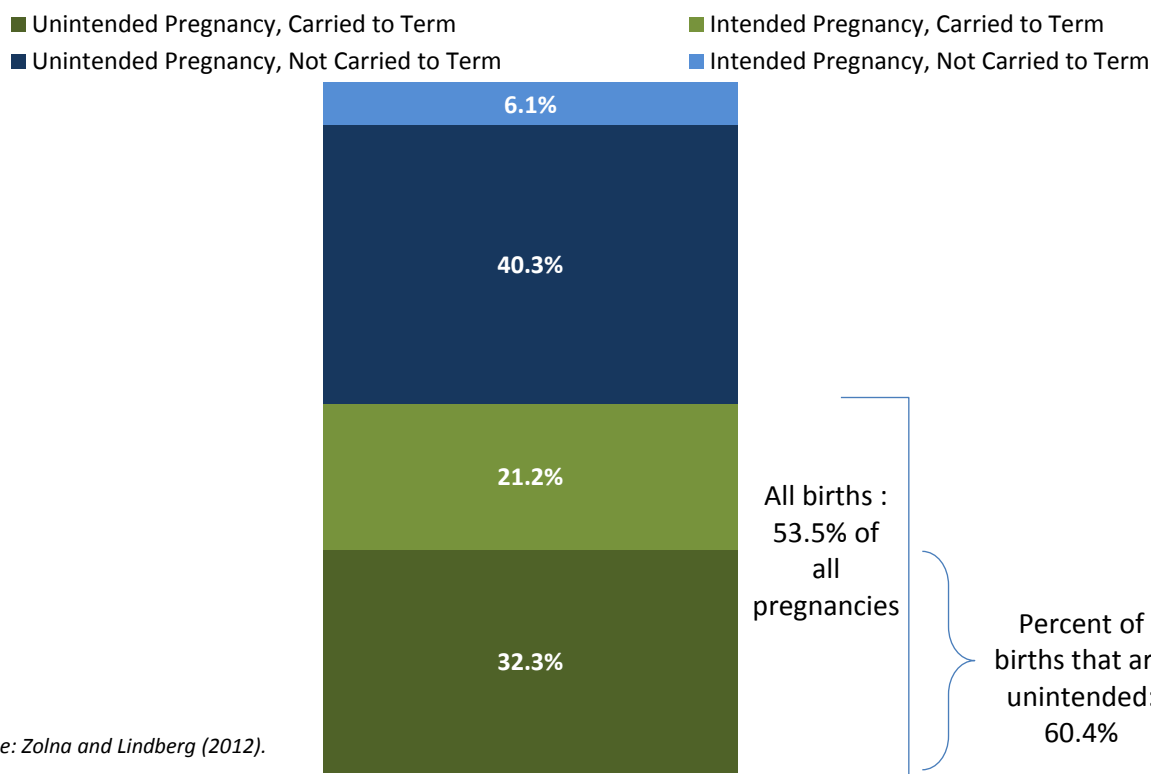
Source: Zolna and Lindberg (2012)

Not all pregnancies are carried to term, of course. Almost half result in miscarriages or are aborted. But among births to single women under the age of 30, 60 percent are unintended (see

Figure 2). Less-advantaged women are, in addition to being more likely to have an unintended pregnancy, also more likely to carry an unintended pregnancy to term. As a result, unintended births as well as pregnancies are much more common among less advantaged women.

A key cause of the rising number of unintended pregnancies and births is inconsistent and incorrect use of contraception. Though many types of birth control are widely available, many couples who claim they do not want to have a child do not use birth control regularly or correctly. There are many reasons for this – misinformation and myths about contraception and its side effects, the cost of the most effective forms of birth control, and human error.

Figure 2. Percent of pregnancies carried to term for unmarried women under 30, by intentionality status



Source: Zolna and Lindberg (2012).

Of those who do use contraception, many people do not use the most effective methods. Among sexually active women aged 20-24, about 3 percent use intrauterine devices (IUDs), 27 percent use the pill, 7 percent use another hormonal method, and 15 percent rely on condoms. These methods have low failure rates when used perfectly, but, alas, humans are imperfect. Condoms require a couple to remember to use one in the moment, the pill must be taken every day, and prescriptions must be refilled on a regular basis.

Long-acting reversible contraception (LARCs) such as IUDs and implants have particularly low failure rates in large measure because they are more likely to be used consistently than other methods. The CHOICE Project in St. Louis, which provided free contraception and counseling on the efficacy of different methods, found that the risk of contraception failure was twenty times higher among users of the pill, transdermal ring, and hormonal patch than among LARC users. The advantage of a LARC is that it changes the default from getting pregnant unless you work hard to avoid it to not getting pregnant unless you take a deliberate action to do so.

Consequences of Early and Unintended Childbearing

Does having a child before one is ready to be a parent really matter? Wouldn't most people, regardless of economic situation, welcome a baby once born and do their best to provide it the best possible life? Does the age at which a woman has a baby matter that much in determining the mother's educational attainment and other factors that influence a child's prospects? The existing research on these questions is mixed.

Some researchers have argued that early pregnancies are not the causal factor in disadvantaged women's poor educational and labor market outcomes, but that instead these women would have limited prospects with or without a baby.

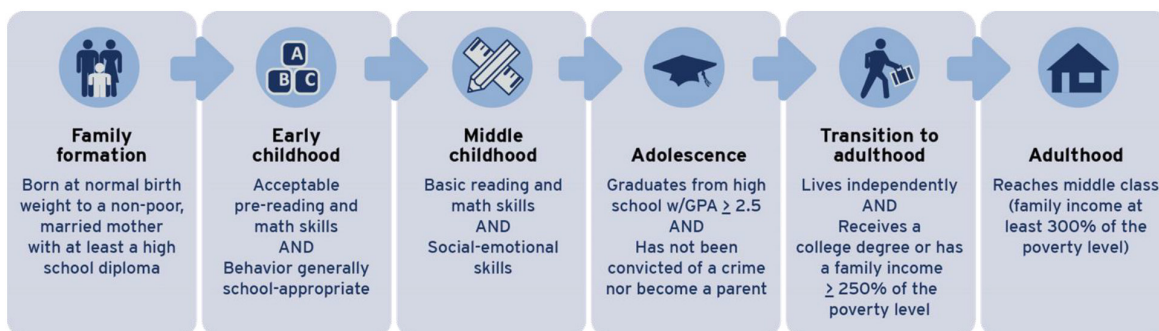
Other studies, using sophisticated techniques to get at the causality issue, have found some effects on a woman's educational attainment, career success, and marriage prospects. Women who delay a birth, according to these studies, are more likely to continue their education, to earn more money, and to find a marriage partner.

Our Study

Past research on social mobility suggests that the circumstances into which children are born, such as their mother's education, their family income, or the marital status of their parents, can affect their later success.

In this brief, and the companion technical paper "The Impact of Unintended Childbearing on Future Generations," we use the SGM to simulate the effects of reducing unwanted and mistimed births. Built using real-world data and a variety of sophisticated simulation techniques, the SGM is uniquely suited to address this question because it tracks the academic, social, and economic experiences of individuals from birth through middle age. Specifically, the model divides the life cycle into five stages and specifies a set of outcomes for each life stage that, according to extant research, is predictive of later outcomes and eventual economic success. Importantly, these outcomes are not only correlated with later success, but also reflect widely-held norms of success for each life stage (Figure 3).

Figure 3. Definitions of Success at Each Life Stage of the Social Genome Model



We use the SGM to explore the likely relationship between a child's intentionality status and his or her success later in life. To do this, we simulate two what-if scenarios:

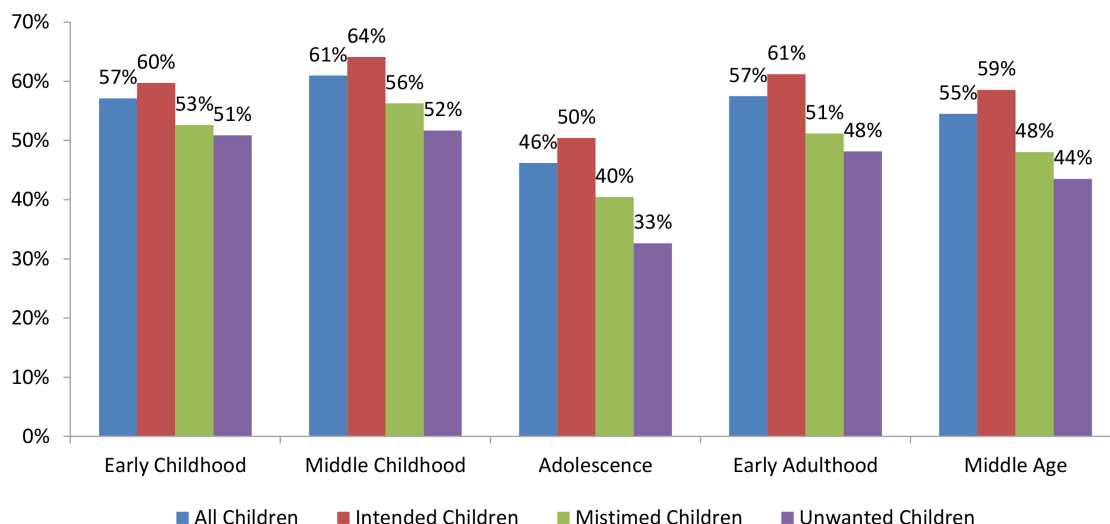
1. What if we could prevent all unwanted births?
2. What if we could prevent all unintended (unwanted or mistimed) births?

For the first what-if scenario, we remove the unwanted children from the post-simulation population. For the second what-if scenario, in addition to removing the unwanted children, we also simulate delaying the births of children who are “born too soon.” For these children, we increase the mother’s age at birth by the number of years by which the child was mistimed, according to their mothers. In addition to increasing maternal age, we also use estimates from the literature and from our own analyses to simulate the impact of delaying a birth on maternal education, family income, and parent’s marital status (see our technical paper for more details). We then allow these effects to filter through the existing SGM framework, allowing alterations in the circumstances at birth of mistimed children to affect child outcomes at later stages in the life cycle.

Results

We find that intentionality status has a large impact on a child’s later success. Mistimed, and especially unwanted, children have much poorer life trajectories than those that were planned (Figure 4). However, not all of the effects shown in Figure 4 are causal. Recall that less advantaged women are the most likely to have an unintended birth. When we adjust for that fact, the consequences are much smaller.

Figure 4. Success Rates by Intentionality Status



Source: Simulated data from the SGM.

Still, we find that helping women align their fertility behavior with their intentions has some impact on the life paths of the next generation. In particular, helping all women attain their desired family size (i.e., reducing unwanted births) and meet their fertility-timing goals (i.e., preventing mistimed births) each raise life-stage success rates by about 1 to 2 percentage points (see Figure 5).

Though the effects are small for the overall population’s well-being, the estimates in Figure 5 are a weighted average across all children, including those who were planned, those who were

never born (and whose elimination from the sample improves children's start in life), and those who were mistimed. When we examined the benefits that accrue just to mistimed children, as a group, we see much larger effects (see Figure 6).

Figure 5. Success Rates at Each Life Stage for All Children

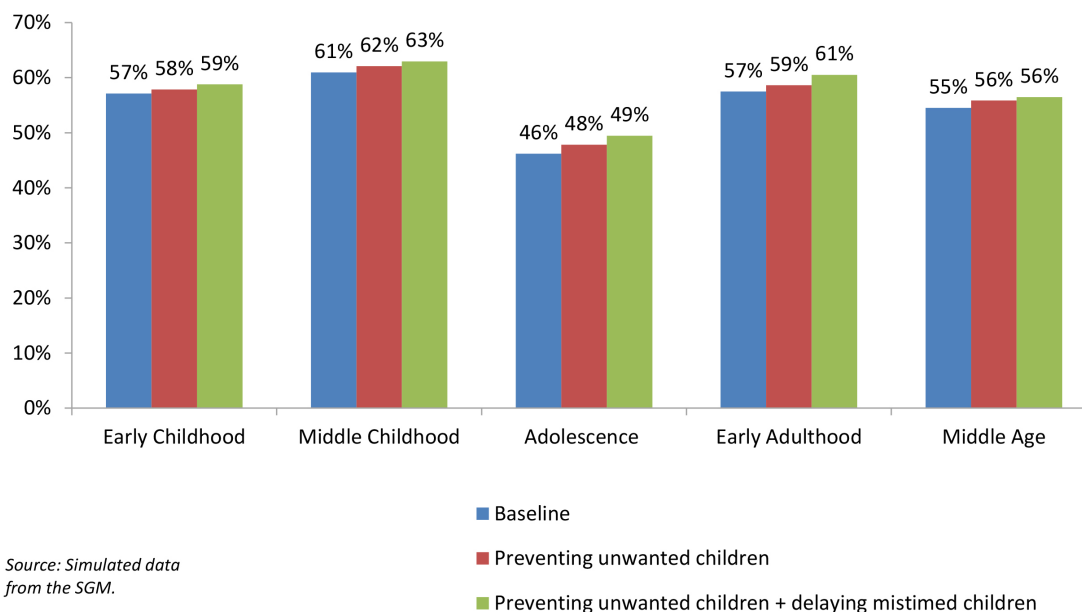
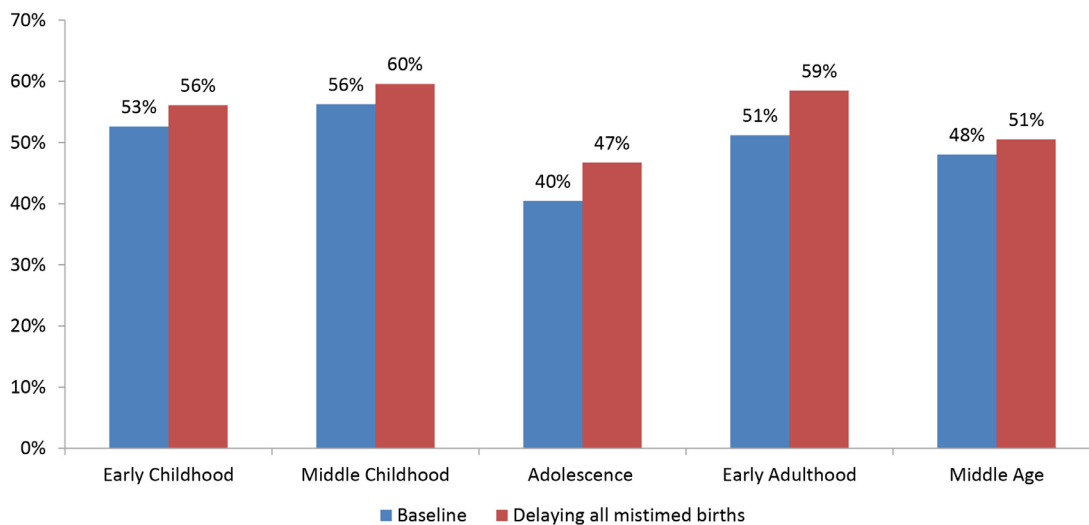


Figure 6. Success Rates at Each Life Stage for Mistimed Children



During adolescence and in the transition to adulthood, success rates for mistimed children are between 7 and 8 percentage points higher as a result of delayed childbearing. We also found improvements in cognitive scores in childhood, high school graduation rates, rates of teen pregnancy, college graduation rates, and lifetime income. The increases in early and middle childhood social and cognitive development are small on their own, but the effects build such that, by adolescence, the previously mistimed children are 7 percentage points more likely to graduate high school and 3 percentage points less likely to be teen parents. Most striking is the

effect on college graduation rates: delaying childbearing boosts college graduation rates from 22 percent to about 30 percent (an increase of 36 percent). In sum, we estimate that preventing all mistimed births would increase lifetime income for mistimed children by around \$52,000.

Policy Implications

It is well-established that the circumstances into which children are born have a lasting impact on their later life trajectories. We extend research on the impacts of early childhood circumstances by examining whether having a child who is mistimed or unwanted has long-run negative ramifications for that child. Our estimates show that the prevention of all unintended births would modestly, but meaningfully, improve children's success rates. Though there are limitations to our methodology and findings (described in more detail in the technical paper), our analyses indicate that increasing access to effective, easy-to-use contraception is an important step in improving economic and social opportunities for children.

As such, we recommend two policies that will help women control their own fertility and improve the circumstances into which their future children are born.

First, there needs to be increased awareness of and access to long acting reversible contraception, such as IUDs and implants. As previously discussed, LARCs are significantly more effective than condoms, the pill, and other methods which are susceptible to human error. The upfront cost of a LARC is high (around \$1,000), so one challenge is to make them more affordable. The contraceptive mandate in the Affordable Care Act has the potential to be a game changer by requiring coverage of all forms of birth control at no cost to the user. However, cost is not the only barrier. Many women are unaware of the availability, effectiveness, and safety of modern IUDs. Moreover, doctors themselves are often untrained in the insertion procedure or unprepared to give patients counselling on the benefits of LARCs.

To make progress on reducing these high rates on unintended births, we need a combination of more public education on the most effective forms of contraception, greater access, lower costs, and more training of health care providers on these newer methods. The CHOICE project in St. Louis, which gave low-income women free access to contraception and counselling on the most effective forms, and the UCSF Bixby Center's recent randomized controlled trial on increasing access to LARCs could provide models for moving forward. Another option for increasing knowledge about and use of LARCs is a social marketing campaign encouraging the use of LARCs, such as the initiatives in Colorado and Iowa (described in our recent policy proposal for the Hamilton Project, "Reducing Unintended Pregnancies for Low-Income Women"). Both have succeeded in reducing unplanned pregnancies among young, single women.

Second, more measures should be taken to improve the educational and labor market opportunities of less advantaged women. Evidence on the historical expansion of oral contraception shows that women with the most to lose – those with more education – benefited most from the reproductive freedom provided by the pill. Research by Melissa Kearney and Philip Levine suggests that disadvantaged women do not see a baby as something that limits their future prospects because their prospects are already so poor.

That said, creating more educational and job opportunities is far more difficult and expensive than helping women to more easily control their fertility, and the latter is critical to enabling them

to take advantage of whatever opportunities exist. Family planning, along with interventions later in a child's life (as described in the previous CCF brief, "How Much Could We Improve Children's Life Chances by Intervening Early and Often?"), are important building blocks in the foundation of economic mobility. If we want to close the growing gap in opportunity and outcomes for American children, we need to consider a multi-stage intervention strategy that begins not after but before conception.

Authors

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The views expressed in this policy brief are those of the author and should not be attributed to the staff, officers, or trustees of The Brookings Institution or the other sponsors of this policy brief.

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