Rich-Poor Divides in Contraception and Abortion Explain Large Gap in Unplanned Births, Brookings's Reeves Finds

Low-income women are more than five times as likely than affluent women to experience an unintended pregnancy, which has significant implications for social mobility given that unplanned childbearing is associated with higher rates of poverty, less family stability, and worse outcomes for children, according to a new Brookings Center on Children and Families (CCF) paper published today.

In [Sex, Contraception or Abortion: Explaining Class Gaps in Unintended Childbearing,](#) CCF Research Director Richard Reeves and Senior Research Assistant Joanna Venator find that the rate of sexual activity among single women across all income groups was nearly identical, with approximately two-thirds of women reporting one or more sexual partners in the past year. But low-income women are less likely to use contraception, are thus more likely to get pregnant, and also have lower abortion rates when compared to their more affluent counterparts, the paper finds

Using National Survey of Family Growth Data from the Centers for Disease Control, the authors calculate that women living at 100 percent or less of the federal poverty level (single households earning approximately $11,200 per year or less) who are not actively trying to conceive are twice as likely not to use contraception as their wealthier counterparts (those at 400 percent or above of the poverty level, or earning over $44,700 per year). Poor women not trying to conceive are also three times more likely to get pregnant than their higher income counterparts (9 percent compared to 3 percent), and ultimately at 5 times more likely to give birth. In addition, abortion rates among the poor are lower, with 32 percent in the highest income bracket having an abortion compared to 9 percent of low-income terminations.

Using economic modeling (a shift-share analysis to simulate the effects of equalizing the use of birth control between different income groups), Reeves and Venator find that the birth rate for women at or below the federal poverty line drops by half, from 72 births per 1000 women to 34. Using the same technique to equalize abortion rates between the rich and poor, they find that the birth rate for the lower-income women drops by one-third from 72 to 49, substantially reducing the income gap, though not as dramatically as equalizing contraceptive use.

"Control of fertility varies widely between income groups," they write. "Most unmarried women are sexually active, regardless of income. But women with higher incomes are much more successful at ensuring that sex does not lead to an accidental baby. This almost certainly reflects their brighter economic and labor market prospects: simply put, they have more to lose from an unintended birth. Improving the economic and educational prospects of poorer women is therefore an important part of any strategy to reduce unintended birth rates. But there are more immediate solutions, too. Affluent women use contraception more frequently and more effectively, and there is a clear case for policies to help close this income gap, including increasing access to long-acting reversible contraceptives (LARCs). But access to affordable abortion also matters, and this is currently limited for many poor women. There are of course strongly-held views on abortion, but it should be hard for anyone to accept such inequalities by income, especially when they are likely to reverberate across two or more generations. Abortion is a difficult choice. But it is not one that should influenced by financial status," they conclude.