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ECONOMIC MOBILITY AND CONTRACEPTIVE ACCESS: INDIVIDUAL EFFECTS

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This policy brief is 1 of a 2-part series on the relationship between contraceptive access and economic mobility. This series emphasizes two lenses—the individual and the societal costs associated with varying levels of contraceptive access—that highlight how contraceptive access has a holistic effect on individuals, families and communities.

INTRODUCTION

Contraception is a groundbreaking achievement in modern public health, yet delivery models in the United States are overly restrictive.¹ Leading women's and family health organizations, such as the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians and the American Medical Association maintain that current prescription requirements for many hormonal contraceptive methods are unnecessary²

Research on the costs of obtaining birth control consistently shows that women, particularly low-income and uninsured women, have trouble accessing their preferred methods of

birth control.³ Research further demonstrates that lowering barriers by eliminating some prescription requirements would allow more women to access their preferred method of birth control.⁴

The economic benefits of contraceptive use are sometimes overlooked, but consistent and effective family planning has a notable impact on individual economic prospects. This policy brief highlights the relationship between contraceptive access, contraceptive use, and economic outcomes as they pertain to the individual. The relationship between these factors is important for setting policy agendas that work to improve the economic prospects of women and to reduce unnecessary health care burdens.

INDIVIDUAL EARNINGS AND CONTRACEPTION

Contraceptive access impacts a prospective mother's ability to exercise control over family planning, which in turn impacts her average earning potential. Research has demonstrated the relationship between improved access to contraception and increased earnings potential.⁵ The birth control pill in particular has been studied for its effects on women's wage potential. Since the pill became available, women have increasingly completed higher levels of training and education, have stayed in careers longer and have ultimately made more money than counterparts who did not have access to the pill as young adults.⁶ The earnings premium attributed to the cohort with access to the pill as young adults is 8 percent by age 50.⁷

Unintended pregnancies and births associated with inhibited access to contraceptives likewise impacts the lifetime wage earnings of adolescents. Teenage child bearers spend larger portions of their lives receiving government-funded assistance, but recent declines in teen pregnancy are largely attributed to greater contraceptive access and use.⁸ However, unintended teenage childbearing for the average U.S. woman translates to an average of \$1,000 to \$3,000 lost in annual income as an adult, in addition to increased reliance on receiving government-provided assistance.⁹ Contraceptive accessibility allows individuals to achieve greater financial self-sufficiency by decreasing the likelihood of unintended pregnancy.

INDIVIDUAL'S EDUCATION POTENTIAL AND OUTCOMES

While improved educational attainment levels are highly related to improved wage outcomes, it is still worth noting the differences in educational attainment. Improved access to contraceptives sharply increased the ratio of women embarking on lengthy professional educations. Whereas the ratio of women studying in such fields during the 1960s was an estimated 1 in 10 in medicine, 1 in 25 in law, 1 in 100 in den-

tistry, and 3 in 100 in business administration, by the 1980s, after expansion in legal access to contraceptives, the estimated ratios increased to 3 in 10 in medicine, 4 in 10 in law, 2 in 10 in dentistry, and 3 in 10 in business administration.¹⁰ The same historical study that compared the 1960s ratio of women in professional programs to the 1980s ratio attributes this notable discontinuity to major changes in individual women's labor supply decisions. Improved contraceptive access increased the potential returns from pursuing higher education and professional careers by reducing the risk of unexpected child rearing responsibilities.¹¹

The benefits of improved contraceptive access on driving individual educational success remain well documented. A 2013 survey found that the majority of individual women strongly feel that their ability to access contraceptives has allowed them to achieve greater financial, educational and career success than would have otherwise been possible. In regards to the statement that birth control helped them "to stay in school or finish . . . education," 51 percent of surveyed women responded "definitely true" while another 13 percent responded "somewhat true."¹² In addition, 50 percent of women believed it to be "definitely true" that birth control helped them "to get or keep a job or have a career."¹³ On the other hand, lack of adequate contraceptive access especially among adolescents attending school significantly diminishes the probability of successful completion of secondary school education. Teenage childbearing in school is associated with a decrease in the number of years of schooling received and reduces the individual's probability of successfully obtaining a high school diploma by between 5 to 10 percentage points.¹⁴

CONTRACEPTIVE ACCESS AND PREGNANCY OUTCOMES

Wider access to contraceptives also reduces the likelihood that an individual chooses to seek and carry out an abortion. This is observed in the rise of individual perceptions that oral contraceptive pills are a safe, reliable, effective, convenient and painless form of contraception.¹⁵ In 2010 alone, publicly funded contraceptive services were identified as being responsible for helping American women avoid a total of 760,000 abortions as well as 360,000 miscarriages.¹⁶ Analysis of individual expenditures reveals the financial toll an abortion exacts on a prospective mother. In one study, more than 630 abortion patients responded that they were forced to divert money away from important living expenses including rent (14 percent), food (16 percent), and utilities (30 percent) in order to afford their abortion procedure.¹⁷ By deterring an individual woman from experiencing an unintended pregnancy and having to pursue abortion, improved contraceptive access can decrease an individual woman's likelihood of undergoing an abortion and incurring the additional costs.

LOWER DIVORCE RATES

By delaying the age at which an individual woman chooses to marry, improved contraceptive access also reduces the likelihood of divorce. The reduction in the divorce rate is attributed to overall improvement in the perceived quality of one's marriage as a result of delaying marriage until later in life and the ability to gather better information at the time of marriage.¹⁸ Improved pill access and more widespread pill usage historically have negatively been associated with the divorce rate. Although admittedly the overall divorce rate sharply rose from the 1970s to the 1990s, the increase in divorce rates slowed down as birth cohorts with greater pill access entered the 30–49-year age group.¹⁹ Potential explanations behind apparent improvement and satisfaction regarding the quality of marriage matches are that, via increasing the age of a woman's first marriage, accessible contraceptives allow women time to establish a better sense of their marriage partners' preferences and subsequently match with a more compatible partner, resulting in a decreased probability of divorce.

LOWER HEALTH COSTS

Women can derive significant individual health benefits from having regular access to effective contraceptives, and when able to plan their pregnancies frequently give birth to healthier children. For example, in Arkansas, women partaking in family planning via contraceptives between 2001 and 2005 saw a decline in their probability of statistically dangerous repeat births within 12 months by 84 percent.²⁰ Repeat births are when a mother has a short interval between separate birthing events. Multiple births in close succession are less healthy than pregnancies that are spaced apart by at least six months (between a birth and the conception of a subsequent pregnancy). This birth spacing is associated with better birth outcomes, including reductions in the number of babies born prematurely, with a low birth-weight or that are small for their gestational age.²¹

Outside of childbearing, oral contraception like the pill can reduce other significant health issues. For example, contraception can mitigate severe menstrual pain in 70–80 percent of women suffering from dysmenorrhea, and can reduce blood loss during menstruation by up to 40–50 percent. Oral contraception can also reduce the risk of developing endometrial and ovarian cancer later in life by approximately 50 percent and 20 percent, respectively.²² This not only extends life expectancy for some women, but also reduces financial burdens on individuals and health care burdens on the system.

CONCLUSION

The relationship between contraceptive access and economic outcomes is clear: women's economic mobility is directly

influenced by access to effective contraception. Lowering the barriers to effective contraception is one demonstrated way that policymakers can contribute to improved educational, economic, health and marital outcomes. There are innovative ways to increase contraceptive access on the state level—such as allowing telehealth platforms to operate in states or allowing pharmacists to prescribe some contraceptives—and policymakers can use these to achieve better access. Contraception is an important tool that benefits the wider economy, and that enables individual women in achieving their goals. Policymakers must allow them the greatest freedom to do so.

ABOUT THE AUTHORS

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ENDNOTES

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