

# Reducing Poverty by Reducing Unplanned Pregnancies

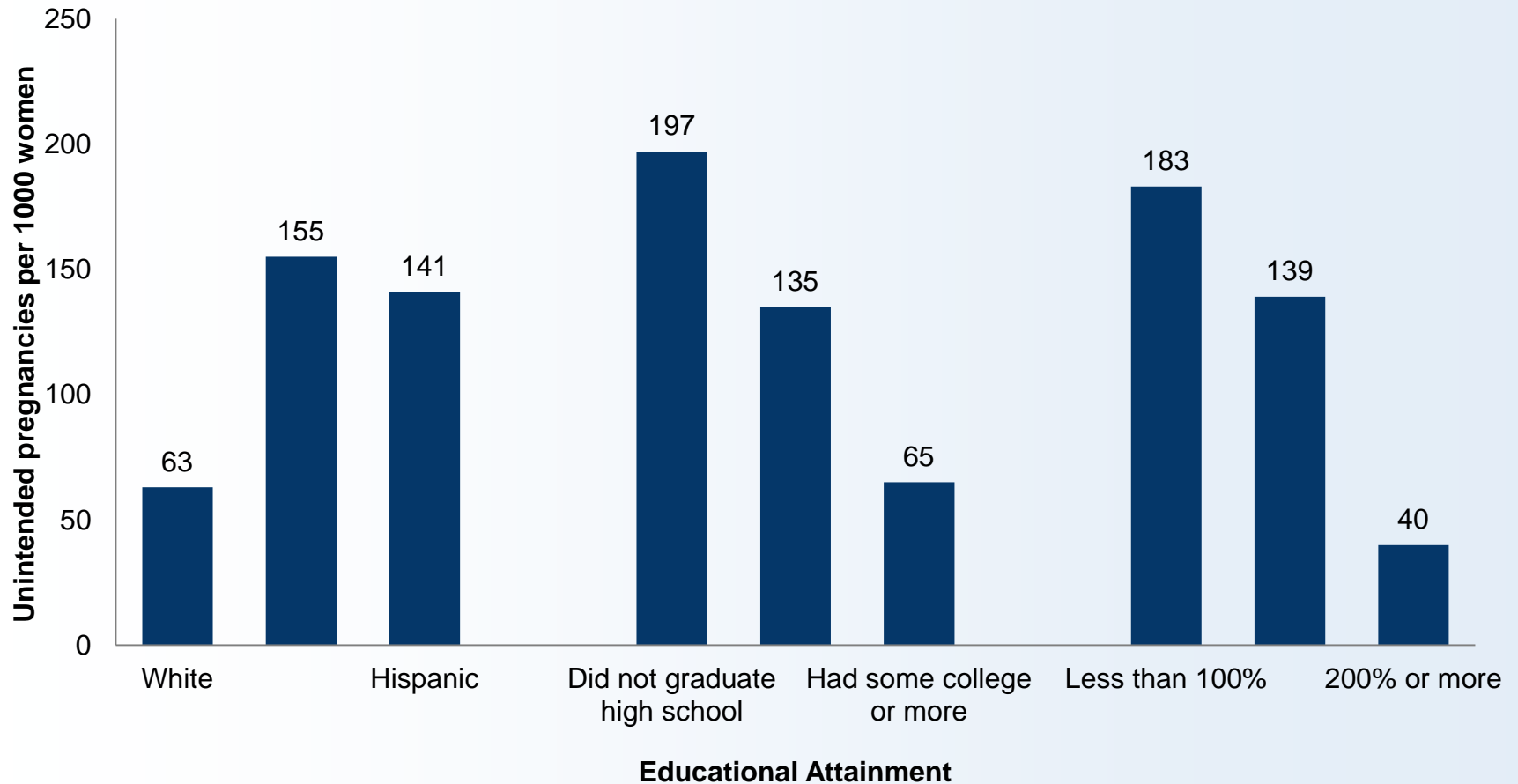
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Presentation to National Academy Committee on  
Reducing the Number of Children living in Poverty by  
Half in Ten Years

## Overview

- Very high rates of unintended pregnancy in U.S.
- Are these pregnancies really unintended? A lot of “drifting.”
- Do unplanned births cause poverty or does poverty cause unplanned births? It’s both.
- We know how to reduce unplanned births.
- Should be combined with effective social programs.
- Challenges: myths about safety, political opposition, taking these efforts to scale

## Less Advantaged Women Have Highest Rates of Drifting

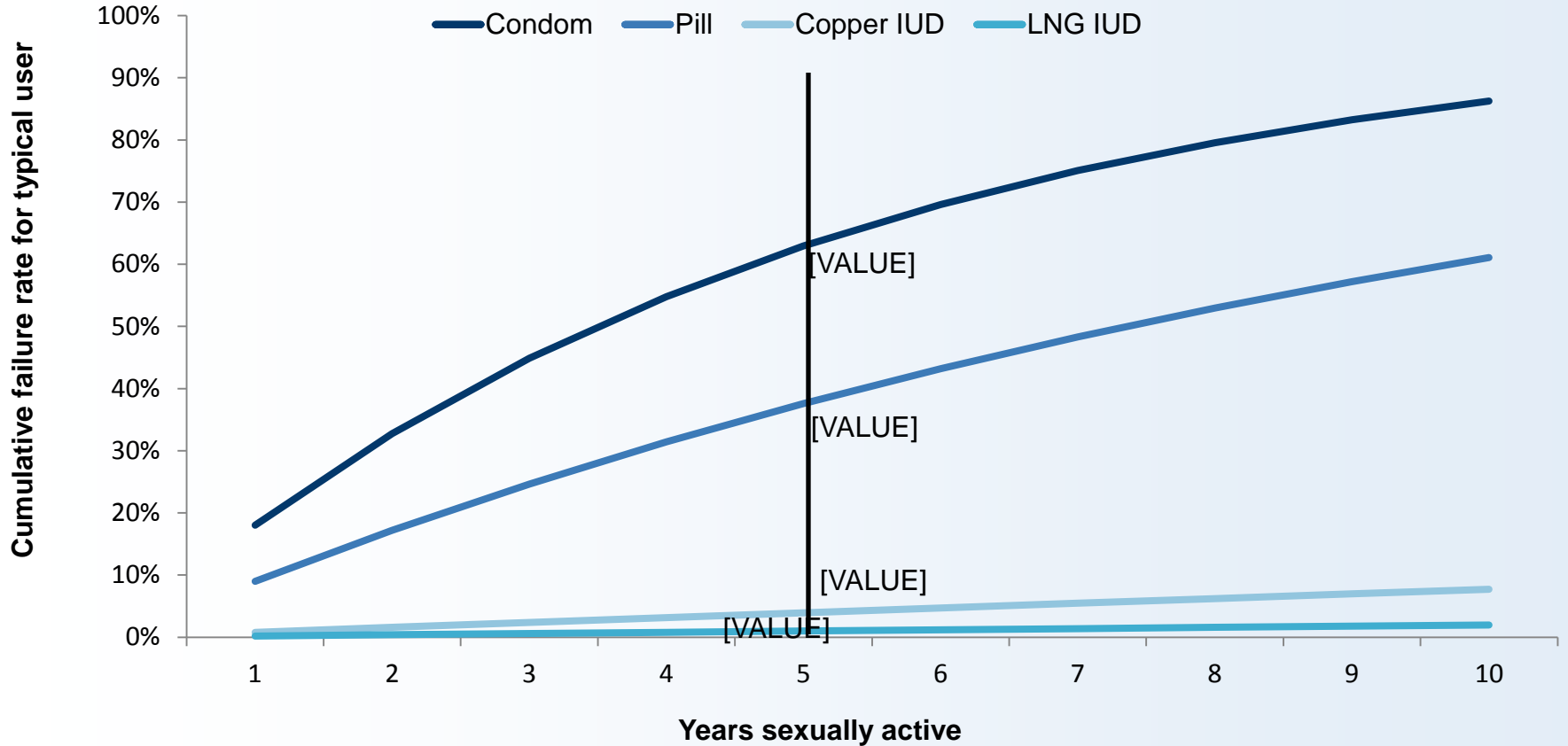


Source: Karpilow, Quentin, Jennifer Manlove, Isabel Sawhill, and Adam Thomas. "The Role of Contraception in Preventing Abortion, Nonmarital Childbearing, and Child Poverty." Paper presented at APPAM, November 2013.

# New Ways of Reducing Unplanned Pregnancies: LARCs

- What are LARCs: IUDs and Implants
- Much more effective than other forms of birth control
- Reason: they change the default
- Are they safe? ACOG and AAP
- Will they be used by less advantaged women?
  - **Colorado**
  - St Louis
  - Iowa
  - **UCSF**
  - Delaware and Virginia

# IUDs Are Much More Effective Than Other Forms of Birth Control



How we got these numbers: Data is from Trussell (2011). The probability that a person doesn't get pregnant at all over a given period of time is equal to the success rate of her contraceptive method raised to the power of the number of years she is using that method. We then subtract this multi-year "success rate" from 100% to get the failure rate (graphed above). This assumes that there is an equal chance of not getting pregnant in every year of condom use and that successful users and failed users (where success is not getting pregnant during a year using birth control) have the same rate. The assumption is reasonable given that figures we use are the figure for a "typical" user of some type of contraceptive.

# Colorado Family Planning Initiative, 2009-2014

Use of LARCs	Increased six-fold from 4% to 30% of clients in Title X clinics
Teen birth rate	Decreased by 48%
Young adult (20-24) birth rate	Decreased by 20%
Abortion rate for each group	Decreased by roughly the same amount
Return on investment (state savings for every dollar spent)	\$5.85

# UCSF Bixby Center Initiative

(provider training only)

	<b>Treatment Clinics</b>	<b>Control Clinics</b>
Received counselling	71%	39%
Chose a LARC	28%	17%
Pregnancy rate (within 12 months)	8%	15%

Note: Cluster randomized trial, 40 clinics in 15 states. Results for women seeking family planning services only. No significant difference if woman was offered a LARC after an abortion.

Source: Harper, Cynthia C. et al. "Reductions in pregnancy rates in the USA with long-acting reversible contraception: a cluster randomized trial." *The Lancet* 386(2015): 562-568.

## Effects on Poverty

- Uncertain
- Simulations suggest with a 25% increase in contraceptive use, could reduce poverty by about half a percentage point in one year
- Cumulative effects over multiple years would be larger
- My best guess over 10 years: 2 to 3 percentage points with lots of uncertainty
- Would families and children be better off (less deep poverty, better parenting, more stable families, more education, etc.)? No question.



## What Needs to Happen

- Make contraception available at no cost (ACA?)
- Train providers
- Educate the public (use social media or a social marketing campaign)
- Same day insertion of LARCs
- One Key Question on all health intake forms
- Change social norms: not about single parenthood but about purposeful parenthood