



A Real-Time Look at the Impact of the Recession on Women's Family Planning and Pregnancy Decisions

Background

Decisions that women and their partners make about family planning—when to have a child, how many children to have and even whether to have children at all—take on a special significance and urgency during periods of economic turbulence. The ongoing recession in the United States has altered the economic realities of many families' lives, and it has dramatically reshaped the environment in which people make, and try to act upon, decisions about their reproductive lives.

Numerous anecdotal reports and press accounts over the past year have speculated about the impact of the recession on Americans' fertility and family planning preferences and behaviors.¹⁻³ While provisional figures from the National Center for Health Statistics indicate that the number of births in the United States declined by nearly 2% in 2008, they do not explain the underlying reasons for this decline.⁴ This report provides the first real-time evidence on the impact of the recent economic downturn on women's fertility-related attitudes, needs and behavior and on their ability to obtain family planning services. It examines a number of interrelated issues, including

- how women feel the current economy has affected them and their families;
- changes in preferences regarding whether and when to have a child;
- women's attitudes toward contraception and their contraceptive behavior;
- patterns in contraceptive method choice and sources of payment for contraceptive prescriptions;
- challenges women face in obtaining family planning services; and
- connections that women see between the economy, their fertility and their families' current and future economic well-being.

The data for this report come from a national, Internet-based survey of 947 women aged 18–34 conducted by the Guttmacher Institute in July and August of 2009. To focus on women whose reproductive behaviors were most likely to be influenced by the recession, the survey sample was limited to women who were at risk of getting pregnant and had household incomes less than \$75,000. Key measures were examined for the full sample of women, as well as separately for a subgroup of “financially worse-off” women—those who reported earning less money than they did a year ago or who said they were generally worse off financially than they were a year ago. (All differences presented are statistically significant at the $p < .05$ level.) Findings from this analysis are presented below, and the methodology is detailed in the Appendix.

Findings

Women and the Economy

Many women face shrinking household budgets or find themselves generally worse off than they were a year ago. More than one in four women or their partners have lost jobs or health insurance in the past year, and many have lost confidence in their ability to provide for their families.

- Fifty-two percent of surveyed women are financially worse off—they are earning less or financially doing worse than they were a year ago.

Women who are financially worse off are more likely than other women to report having lost a job, lost health insurance or received unemployment benefits in the last year.

These financial setbacks are occurring evenly across various groups of American women. Indeed, there are no significant differences in the reported share of women who are financially worse off by age, education, marital status, race or ethnicity, region of the country or household income.

- Overall, women report having greater money and family worries than they had one year ago. Financially worse-off women are significantly more likely than other women to report increased worry about money, providing for their children and their jobs.

Nearly three out of four women report worrying more about money. This concern is nearly universal (91%) among those who are financially worse off.

Among women with children, 57% report worrying more about taking care of their kids. Among the financially worse off, 78% voice this concern.

Increased worries about loss of jobs or health insurance are common among those who are employed (40%). Such worries are expressed by 57% of those who are financially worse off.

Changes in Fertility Preferences

Women's fertility preferences have been affected by the current economic conditions. Concerns about unemployment, lack of health insurance and whether families can afford to raise a child become even more central during an economic crisis.

- Nearly half of surveyed women (44%) report that because of the economy, they want to reduce or delay their childbearing (Figure 1, page 4).
- Most of these women want to get pregnant later (31%), want fewer children (28%) or now do not want any more children (7%).
- These changes in fertility preferences are more common among the financially worse off than among others (53% vs. 34%).
- Lower income women (those with household income below \$25,000), who may have less cushion or flexibility in their household spending, are more likely to report changes in their fertility preferences than are higher income women.
- Sixty-four percent of women agree with the statement, "With the economy the way it is, I can't afford to have a baby right now." This concern is more common among the financially worse off than among others (77% vs. 50%; Figure 2, page 4).

Birth Control Use

Many women have altered their birth control use because of the economic downturn. For some, the recession appears to have promoted a shift toward more effective birth control methods and more effective use.

- Overall, 29% of surveyed women agree with the statement, "With the economy the way it is, I am more careful than I used to be about using contraception every time I have sex." Those who are financially worse off are more likely than others to agree with this statement (39% vs. 19%).
- Women who say they want to delay having children or want to have fewer children because of the economy

FIGURE 1. Because of the economy, many women want to reduce or delay their childbearing

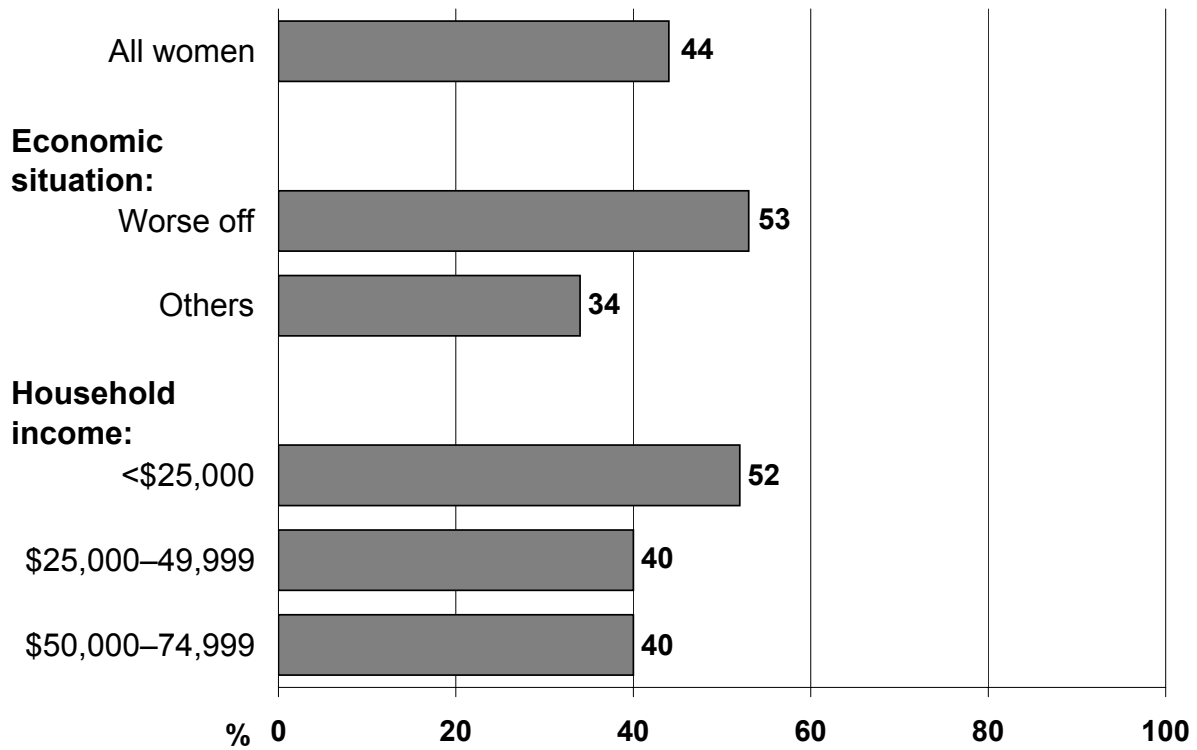
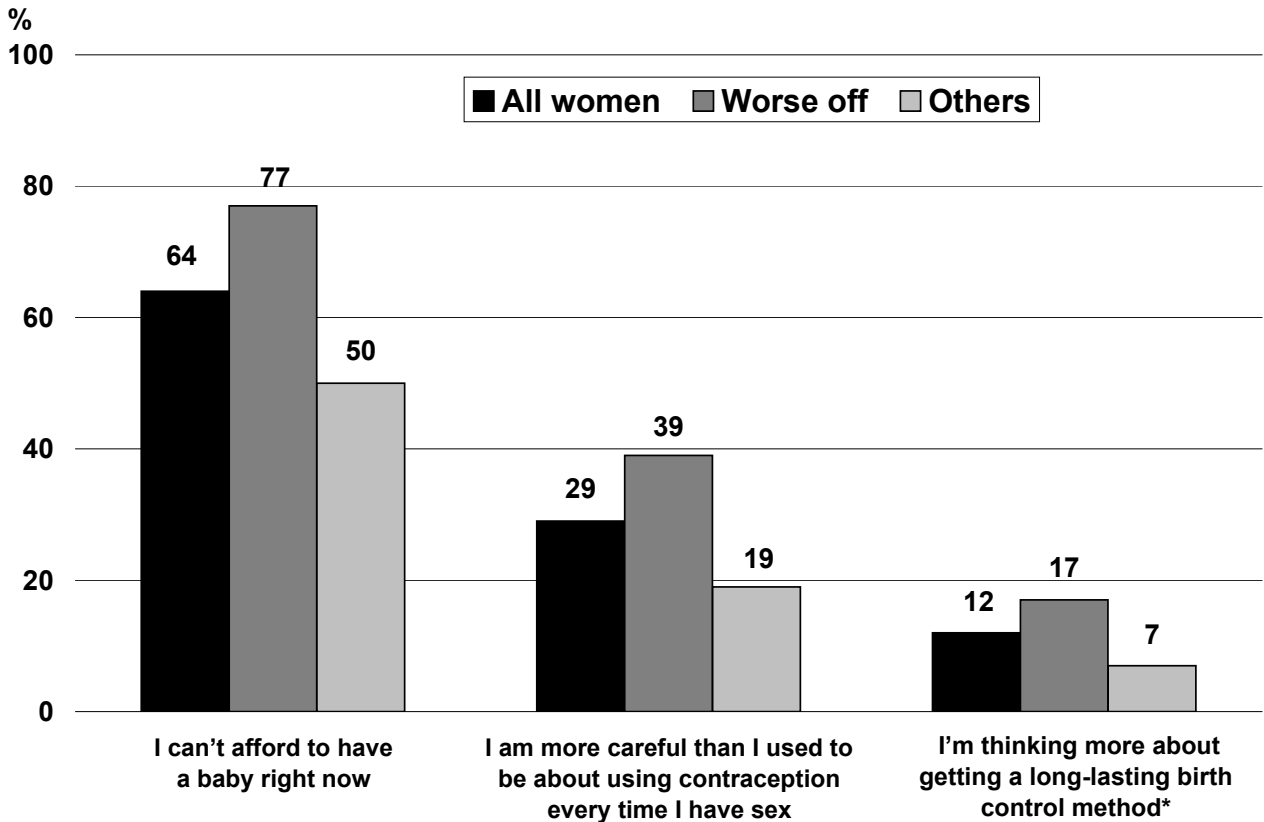
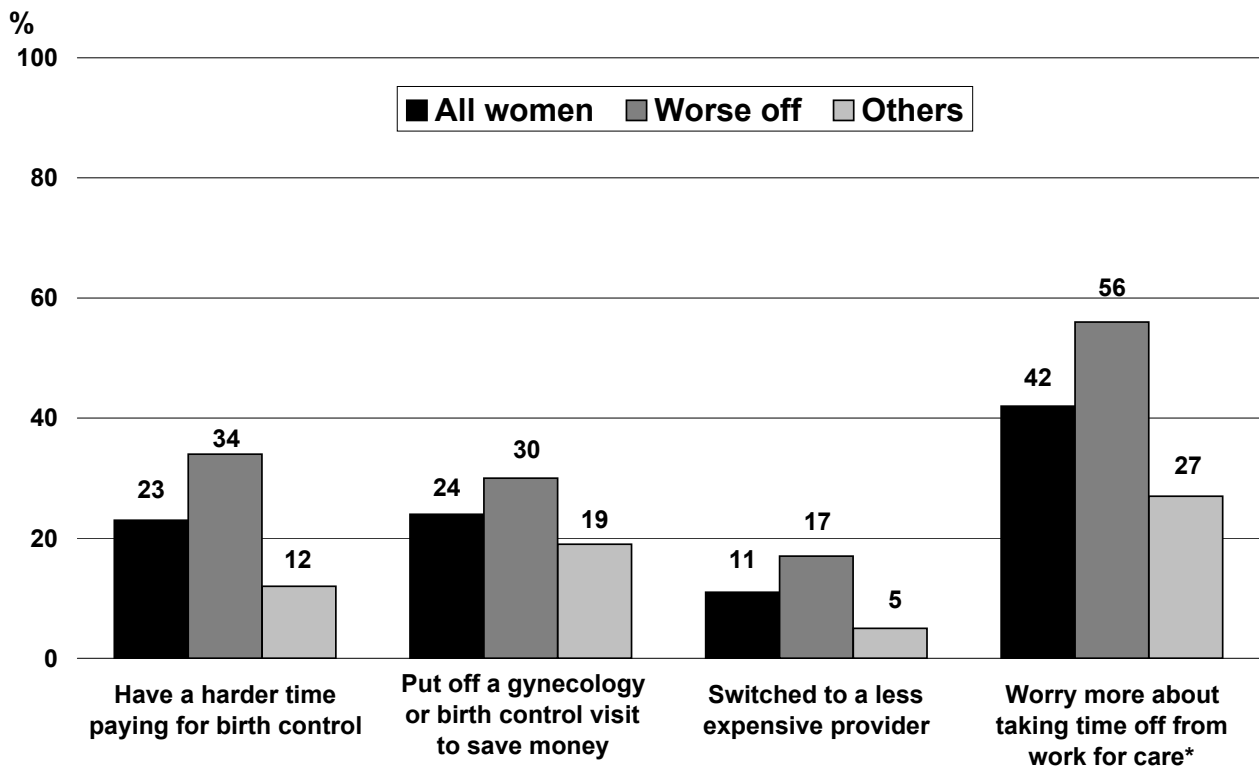


FIGURE 2. “With the economy the way it is...”



*Among women not currently using a long-term method.

FIGURE 3. In this economy, women have more difficulty paying for birth control and accessing care



*Among women currently employed.

are more likely than others to report being more careful about using contraceptives (45% vs. 17%), as well as more likely to have chosen a new method of birth control to reduce their chance of getting pregnant (18% vs. 8%).

- Twelve percent of women who are not already using a long-term contraceptive method (such as the IUD or injectable) are thinking about switching to one because of the economy. Those who are financially worse off are more than twice as likely as others to be considering this option (17% vs. 7%).
- The recession appears to have made contraceptive sterilization a more appealing option for some women. Among those who want no more children, 46% report that because of the economy, they are thinking more about sterilization. Four percent of the overall sample had a tubal ligation or their partner had a vasectomy in the past year; among this group, 73% are financially worse off.

However, some women report using birth control less consistently, as a way to save money.

- Eight percent of women report that they sometimes did not use birth control in order to save money.* This cost-cutting behavior is more common among those who are financially worse off than among others (12% vs. 4%).
- Among women using the pill, 18% report inconsistent use as a means of saving money. Pill users said they skipped pills (4%), delayed getting a prescription filled (12%), went off the pill for at least a month (11%) and obtained fewer pill packs at one time (8%). Such inconsistent use is more common among women who are struggling financially than among others (25% vs. 6%).†

*Among those couples who are not contraceptively sterile.

†Among women using the pill during the past year.

Access to and Use of Contraceptive Services

In the current economy, women report a variety of cost constraints on their access to contraceptive services and their ability to pay for birth control.

- Twenty-three percent of surveyed women report having a harder time paying for birth control than in the past (Figure 3, page 5). This proportion rises to one out of three among financially worse-off women.
- Nearly one out of four women report having put off a gynecological or birth control visit to save money in the past year. Such forgone care was more common among those who are financially worse off than among others (30% vs. 19%, $p=.06$). Women who lost their health insurance during the past year are more likely to report delaying a visit than are those who did not.
- Eleven percent of women report switching to a less expensive provider for their reproductive health care services—17% of those who are financially worse off, compared with 5% of other women.
- Forty-two percent of employed women agree with the following statement: “With the economy the way it is, I worry more about taking time off from work to visit a doctor or clinic.” Those who are worse off are more than twice as likely as others to identify such a worry (56% vs. 27%).

Discussion

This study found clear indications that the current recession has spurred a broad range of changes in women's fertility preferences, contraceptive preferences and use, and access to services. With this recession being more severe—in both depth and length—than any this country has seen in decades, it is not surprising that the majority of women report worries about money, work and the expense of caring for their children. The recession's impact on childbearing decisions and women's contraceptive use has been profound. More than four in 10 of the surveyed women say that because of the economy, they now want to get pregnant later than they otherwise would have planned, have fewer children or not have any more children. For many women, the current economic situation is leading them to be more careful about using birth control, and some even report considering sterilization or long-acting contraceptive methods because of the recession. But many women are struggling to obtain the care they need; they report having a harder time paying for contraceptive services, and worry about taking time off from work to obtain health care. As a result, some women appear to be taking chances that could put themselves or their families at risk. We found evidence of women putting off a visit for either regular gynecological care or birth control, and sometimes not using birth control and using methods inconsistently—all in an effort to save money. Women who use these short-term money-saving strategies are at risk for long-term negative consequences, including unintended pregnancy.

Importantly, the findings of this study also indicate that the recession has affected individuals and families across a wide range of income levels—not just the poor or those who are out of work.[‡] It appears that changes in Americans' sense of economic well-being have created stressors that have had a direct impact on family formation and childbearing decisions. Half of the surveyed women were identified as “financially worse off,” and for

[‡]Of course, women of reproductive age are not the only ones affected by the current recession. In a July 2009 National Public Radio survey of 850 likely male and female voters, 53% said they are worse off financially than they were a year ago (source: National Public Radio, *National Survey Results*, July 28, 2009, <<http://www.npr.org/assets/news/2009/07/28/pollppt.pdf>>, accessed Aug. 25, 2009).

them the impact of the recession was magnified.

These findings demonstrate the importance of economic issues in women's childbearing decisions, and show how women may try to avoid unintended childbearing to improve their ability to provide for their families. Family planning and childbearing decisions are not made in a vacuum, but have always been influenced by broader economic and other external forces. Women take into account many factors, including their ability to appropriately care for their present and future children, their employment and their family's economic stability.

This posting examines the current recession from the viewpoint of women and their attitudes and behaviors. The next posting will analyze information gathered from the providers who aim to serve these women.

References

- 1 Locke M, Couples double up on birth control, *Myrtle Beach (S.C.) Sun-News*, June 20, 2009.
- 2 Recession affects family planning, with abortions and vasectomies up, *St. Petersburg (Fla.) Times*, Mar. 30, 2009.
- 3 Dembosky A, As economy in Silicon Valley slides, birth control booms, *San Jose Mercury News*, June 26, 2009.
- 4 Tejada-Vera B and Sutton PD, Births, marriages, divorces, and deaths: provisional data for 2008, *National Vital Statistics Reports*, 2009, Vol. 57, No. 19.

Acknowledgments

The Guttmacher Institute thanks Laura Lindberg and Lawrence Finer for their substantial research contributions; Cecily Stokes-Prindle for aiding in the survey design; Sameen Qadir for research assistance; Rachel Gold, Cory Richards, Gustavo Suarez and Rebecca Wind for reviewing early drafts; and John Thomas for editing the report.

This report was made possible in part by a grant from the Educational Foundation of America. The Guttmacher Institute also gratefully acknowledges the general support it receives from the William and Flora Hewlett Foundation, the David and Lucile Packard Foundation, the Ford Foundation and other donors, which undergirds all of the Institute's work.

Appendix: Methodology

The survey was fielded by Knowledge Networks (KN) using their KnowledgePanel, a national household panel recruited using probability-based methodology. The panel totals approximately 50,000 individual household members older than 13 and is representative of the U.S. population. To achieve scientific validity, KnowledgePanel is based on a sampling frame that includes individuals with listed or unlisted telephone numbers, those without a landline phone and those without current access to the Internet or a computer. Panel members are recruited by telephone and mail with probability-based recruitments based on a random-digit-dial and address-based sample. To reach individuals who do not have Internet access, KN provides a laptop computer and Internet access to panelists who do not already have them. Self-selected volunteers are not accepted.

Panel members who met the primary inclusion criteria were invited by e-mail to participate in this survey. This initial contact was limited to women aged 18–34 with an annual household income of less than \$75,000. Of the panel members meeting these criteria, 1,630 responded to the English-language survey, yielding a completion rate of 65%. Respondents were then screened and eligibility was limited to those women who had had sex with a man in the past three months and who were not pregnant. Women were excluded if they or their partners were surgically or otherwise sterile, unless contraceptive sterilization had occurred within the past 12 months. A total of 947 women met these eligibility criteria (see Appendix Table 1).

The Guttmacher Institute's human subjects review board approved data collection and analysis. Panel members can choose to leave the panel at any time, and receipt of the laptop and Internet service is not contingent on completion of this specific survey or any particular survey. Nonspecific survey incentives are used to reduce attrition from the panel; panelists not receiving the free laptop and Internet service receive participation checks for \$4–6 per month. All data from this survey were de-identified by KN prior to transmittal to Guttmacher, and all survey responses were confidential.

The survey had 29 questions, and 90% of eligible respondents completed the interview in less than 25 minutes. Topics included changes in financial well-being; reproductive attitudes and behaviors, including respondents' ability to access the reproductive health services they need; and self-reported perceptions of how changing economic factors have affected attitudes and behaviors.

Appendix Table 2 compares the KN sample to a similarly defined sample of respondents from the 2002 National Survey of Family Growth. The two samples are similar in terms of demographic characteristics and contraceptive behavior.

Data analysis was conducted with Stata 10.0, using the `svy` command and sampling weights to adjust for the complex sampling design of the survey and to produce corrected standard errors. We estimated chi-square tests for differences between subgroups; all differences presented in this report are statistically significant at the $p < .05$ level. The key subgroup in this analysis was women identified as financially worse off; they reported either earning less money than a year ago or being generally worse off financially than they were a year ago. Key measures were examined for the overall sample of women, as well as separately for financially worse-off women and others.

APPENDIX TABLE 1. Number of women meeting eligibility criteria for the Internet survey, July–August 2009

Category	N
No. of panelists responding to survey	1,630
No. of ineligible panelists	683
Did not have sex in last three months	358
Currently pregnant	94
Respondent/partner medically sterile	61
Respondent/partner contraceptively sterile >12 months ago	170
No. of eligible panelists	947

APPENDIX TABLE 2. Comparison of 2002 National Survey of Family Growth (NSFG) and Knowledge Networks (KN) samples of women aged 18–34, by selected characteristics

Characteristic	NSFG (%)	KN (%)
Race/ethnicity		
Hispanic	18	15
Black	14	17
White	62	61
Other	6	7*
Age		
18–24	42	41
25–34	58	59
No. of children ever born		
0	48	45
1	25	23
≥2	27	32
Household income		
<\$10,000	13	12
\$10,000–19,999	20	11
\$20,000–34,999	29	25
\$35,000–49,999	17	25
\$50,000–74,999	21	27
Total	100	100
Currently married/cohabiting	61	59
Current contraceptive use		
Pill	36	33
Condom	28	36

*Includes women reporting two or more races. *Note:* Samples were limited to women who had household income of <\$75,000, who were sexually active in the last three months and not currently pregnant, and who were not sterile.