



Beyond Birth Control: Family Planning and Women's Lives

Prevalence and Perceptions of Unplanned Births

Emily M. Johnston, Brigette Courtot, Jacob Fass, Sarah Benatar, Adele Shartzler, and Genevieve M. Kenney

March 2017

Beyond Birth Control: Family Planning and Women's Lives is a multiyear project examining the current state of access to contraception and how this access influences women's lives in the short and long term. Supported by the William and Flora Hewlett Foundation, the Urban Institute is using mixed research methods to answer two main questions under the project: how does expanded access to affordable contraception affect short- and long-term socioeconomic and health outcomes for women and their families; and what are the persistent barriers to contraceptive access and use, who faces these barriers, and how can these barriers be reduced? This brief is one of a series of *Beyond Birth Control* products that will provide new and timely information to influence policy debates and highlight areas where progress has been most challenging and where additional resources could most productively be directed.

Key Findings

- Just over one-third of women of reproductive age surveyed in 2016 (36.4 percent) reported that they had experienced at least one unplanned birth; among women who had given birth, over six in ten (62.0 percent) had experienced an unplanned birth.
- More than eight in ten women of reproductive age (83.2 percent) reported that an unplanned birth would negatively affect at least one area of a woman's life, and more than half (52.1 percent) reported that an unplanned birth would negatively affect at least four of seven areas of a woman's life explored in the survey.

- Women reported that education (65.7 percent), income (63.2 percent), mental health (58.6 percent), and job (58.4 percent) are the areas of a woman's life most likely to be negatively affected by an unplanned birth.
- More than one-third of women who had experienced an unplanned birth reported that the birth had mostly neutral or no effects on seven different areas of their own lives (36.0 percent); 29.6 percent reported mostly negative effects, and 20.4 percent reported mostly positive effects.

Background

Women's ability to use contraception to prevent unplanned pregnancies and unplanned births has been associated with broad health, social, and economic benefits for women and their families (Sonfield et al. 2013). Despite these benefits of contraception, 45 percent of pregnancies in the United States were unplanned in 2011 (Finer and Zolna 2016). Though this is down from an estimated 51 percent of pregnancies in 2008, further reducing the incidence of unplanned pregnancies remains a Healthy People 2020 objective.¹

A number of studies have assessed the effects of unplanned births by using natural experiments based on legalization of the pill form of contraception or women's reported histories of unplanned births. Many of these studies focused on maternal health behaviors and found that unplanned births are associated with increased rates of maternal smoking, inadequate folic acid consumption during pregnancy, delayed prenatal care initiation, and lower rates of breastfeeding (Cheng et al. 2009; Gipson, Koenig, and Hindin 2008). Others analyzed longer-term measures of women's well-being and found unplanned births to be associated with conflict between partners in relationships, depression, and decreased educational attainment (Sonfield et al. 2013).

Despite the growing literature on the effects of unplanned births, little is known about how women perceive unplanned births generally or how women have experienced unplanned births in their own lives. To date, direct survey questions about reproductive health have asked women's reasons for not using contraception and, more recently, their reasons for currently using contraception and the benefits that contraception has had on their lives (Frost and Lindberg 2013; Frost, Singh, and Finer 2007; Mosher and Jones 2010; Mosher, Jones, and Abma 2012). To date, no survey has directly addressed women's thoughts about unplanned births.

Frost and Lindberg interpreted their survey of women's reasons for using contraception as a reflection, in part, of how women expect an unplanned pregnancy to impact their lives. The majority of women in their survey reported that using birth control to prevent pregnancy allowed them to take better care of themselves and their families, support themselves financially, and support their educational and career goals (Frost and Lindberg 2013). The prospective cohort Turnaway Study, which compared women denied an abortion because of gestational age regulations with women who obtained an abortion close to the gestational age cutoff, found that women denied an abortion were less likely to have aspirational one-year plans and more likely to have neutral or negative expectations for their

futures than women who obtained an abortion (Upadhyay, Biggs, and Foster 2015). We build on these findings by asking women directly about unplanned births to broaden our understanding of how women perceive unplanned births and to inform future work on pregnancy ambivalence and contraception nonuse among women at risk of unplanned pregnancy.

This study is the first to analyze responses of women of reproductive age to questions about their perceptions of and experiences with unplanned births. We highlight differences in responses between perceived effects on women generally and women's reported personal experiences. We also investigate variation in responses across different groups of women.

What We Did

This brief uses data from the Urban Institute's Survey of Family Planning and Women's Lives (SFPWL) to describe perceived and reported effects of unplanned births among women of reproductive age (ages 18 to 44).

The SFPWL is a nationally representative survey of 1,990 women of reproductive age from a sample drawn from NORC's AmeriSpeak consumer panel. The survey addresses women's experiences with family planning as well as their opinions about the short- and long-term effects of unplanned births and access to affordable contraception. The SFPWL was fielded in two waves during 2016: January 15 to February 8, and July 20 to September 11. Estimates from the SFPWL were weighted to be nationally representative of women of reproductive age using data from the US Census Bureau.²

The questions about unplanned births in the SFPWL cover three distinct topics: (1) women's personal history of unplanned birth, (2) women's perceptions of the effects of unplanned birth on the lives of women, and (3) women's reported effects of an unplanned birth on their own lives. For all survey questions, unplanned birth is defined as becoming pregnant and having a child when a woman is not trying to have a baby. Women who have had an unplanned birth are asked about both perceived effects for all women and about their own experience in order to differentiate between the idea of unplanned birth and the effects an unplanned birth had on her life.

Respondents who have given birth ($n = 1,228$) were asked how many of their children were the result of an unplanned pregnancy. Unplanned pregnancy is defined as a pregnancy that a woman was not actively trying to have, including pregnancies that are unintended, mistakes or accidents, unwanted, or not at the right time. Women are characterized as having had an unplanned birth if they respond that one or more of their children was the result of an unplanned pregnancy. We report differences in the prevalence of unplanned birth for all women ($N = 1,990$) and for women who have had a prior birth ($n = 1,228$) across six key characteristics:

1. Age (18 to 29, 30 to 39, or 40 to 44)
2. Race and ethnicity (non-Hispanic white, non-Hispanic black or other race, or Hispanic)
3. Educational attainment (high school degree or less, or some college education or more)

4. Family income (less than or equal to 138 percent of the federal poverty level [FPL] or greater than 138 percent of FPL)
5. Marital status (married; widowed, separated, or divorced; never married; or living with partner)
6. Employment status (working or not working)

All respondents ($N = 1,990$) were asked to consider the effects an unplanned birth could have on seven areas of a woman's life. Women were asked to assess whether an unplanned birth would have a very negative, somewhat negative, neither positive nor negative, somewhat positive, or very positive effect on a woman's

1. education,
2. job,
3. income,
4. relationship with her partner,
5. physical health,
6. mental health and stress, and
7. motivation to achieve her goals.

We first categorized women's responses as positive effects (for a response of "very positive" or "somewhat positive"), negative effects (for a response of "very negative" or "somewhat negative"), or no effects (for a response of "not positive or negative/no effect"). We then created summary measures including the following categories: most responses are positive; most responses are negative; most responses are neutral; and mixed responses. If a woman reported that an unplanned birth would have a positive effect (or negative effect or no effect) for four or more areas of a woman's life, we consider her to have mostly positive (or negative or neutral) responses. Women who did not respond with the same type of effect for at least four areas are considered to have mixed responses.

In addition to examining the perceived effects of unplanned birth on women generally for all respondents ($N = 1,990$), we compare responses between women who have had an unplanned birth ($n = 764$) and those who have not ($n = 1,226$). We tested differences between these two groups using two-tailed t -tests with survey weights. Unless otherwise noted, all differences discussed in the text are significant at the 0.05 level. Respondents who had a prior unplanned birth ($n = 764$) were asked about a second topic: the effect that the unplanned birth had on their life. Respondents were asked to assess whether their unplanned birth had a very positive, somewhat positive, not positive or negative, somewhat negative, or very negative effect on their life, across the same seven areas described above. We categorized responses and created summary measures for this question using the same methodology described above for the perceived effect of unplanned births on women's lives generally. Finally, we compared the percentages of women with mostly positive responses, mostly negative responses, mostly neutral responses, and mixed responses on the summary measures of the effects of unplanned birth on women generally and on women's own lives across the same six key characteristics described above.

To supplement this quantitative analysis, Urban Institute researchers conducted 26 in-depth follow-up interviews in March and April 2016 with women who completed the SFPWL during the first wave between January 15 and February 8, 2016. The follow-up interview sample included women whose survey responses indicated that they were at risk of an unplanned pregnancy (defined as those who had been sexually active with men in the past six months), did not want to become pregnant in the next year, and did not always use birth control. Interviews were designed to collect more detailed information on women’s decisionmaking and experiences with contraception, contraception use and nonuse, and attitudes toward potential unplanned pregnancy.

Methodological Challenges

The analysis of unplanned births is complicated because the measure includes both unwanted births, defined as births to women who did not want to become pregnant; and mistimed births, defined as births to women who wanted to become pregnant at a later time (Mosher, Jones, and Abma 2012). Though frequently studied together (as in this study), mistimed and unwanted births may have different effects on the lives of women and their children. The challenges of measuring pregnancy intent have been well documented and include pregnancy ambivalence, cultural perspectives, and the difficulty of retrospective measurement (Bachrach and Newcomer 1999; Logan et al. 2007; Sable 1999; Santelli, Lindberg, et al. 2009; Santelli, Rochat, et al. 2003; Trussell and Vaughan 1999; Trussell, Vaughan, and Stanford 1999). For example, women may not have established preferences about getting pregnant before they conceive; women may classify the intendedness of their pregnancy based on their own cultural norms; and when surveyed following the birth of their child, women may report a different pregnancy intent than their preference before conceiving.

Many of these challenges also apply to measuring women’s experiences with unplanned births, which are likely to be similarly affected by emotional and psychological factors and by women’s social capital (Santelli, Lindberg, et al. 2009; Santelli, Rochat, et al. 2003). For example, researchers have identified retrospective questions about pregnancy intent as problematic because “many circumstances following the conception, such as spending time with the baby or watching a child grow up, may change a woman’s recollection of whether or not the pregnancy was wanted” (Logan et al. 2007). Similar circumstances may change women’s recollection of whether or not an unplanned birth had negative effects on her life. Women may also feel pressured to give a socially desirable response (Bachrach and Newcomer 1999).

What We Found

Prevalence of Unplanned Births among Women of Reproductive Age

In 2016, more than half of women with a prior birth reported that at least one of their births was unplanned (62.0 percent, table 1), and one-third of all women of reproductive age in our sample reported having an unplanned birth (36.4 percent).

The largest differences in prevalence of unplanned births were related to women’s marital status. Among women with a prior birth, those who had never been married had the highest prevalence of unplanned birth (85.2 percent), followed by women who were living with a partner (83.3 percent). Though married women had the lowest unplanned birth prevalence, nearly half of married women reported having an unplanned birth (49.0 percent). Women who are nonwhite, have a high school degree or less, are under age 30, and have family incomes at or below 138 percent of FPL were more likely than others to have had an unplanned birth.

TABLE 1

Prevalence of Unplanned Births among Women Ages 18 to 44, by Demographic Characteristics, 2016

	Sample size	Among women ages 18 to 44 (%)	Sample size	Among women ages 18 to 44 with a prior birth (%)
Race/ethnicity				
<i>White, non-Hispanic</i>	1,148	33.6	709	55.2
Black or other, non-Hispanic	532	43.9***	332	75.5***
Hispanic	310	35.4	187	66.5**
Education				
<i>High school or less</i>	402	45.2	280	72.8
Some college or more	1,588	31.6***	948	55.7***
Age				
18–29	691	24.8	256	68.9
30–39	946	44.2***	689	58.9**
40–44	353	49.8***	283	60.0*
Income				
<i>Less than or equal to 138% of FPL</i>	547	51.7	373	80.6
Greater than 138% of FPL	1,414	28.5***	838	50.8***
Marital status				
<i>Married</i>	917	39.6	731	49.0
Widowed, separated, or divorced	190	63.1***	154	75.7***
Never married	626	23.1***	207	85.2***
Living with partner	257	43.1	136	83.3***
Work status				
<i>Working</i>	1,413	32.5	814	59.6
Not working	577	43.8***	414	65.7
All women	1,990	36.4	1,228	62.0

Source: Survey of Family Planning and Women’s Lives 2016.

Notes: FPL = federal poverty level. Reference groups are italicized above. ***/**/*Estimate differs significantly from the reference group at 0.1/0.05/0.01 levels, using two-tailed t-tests.

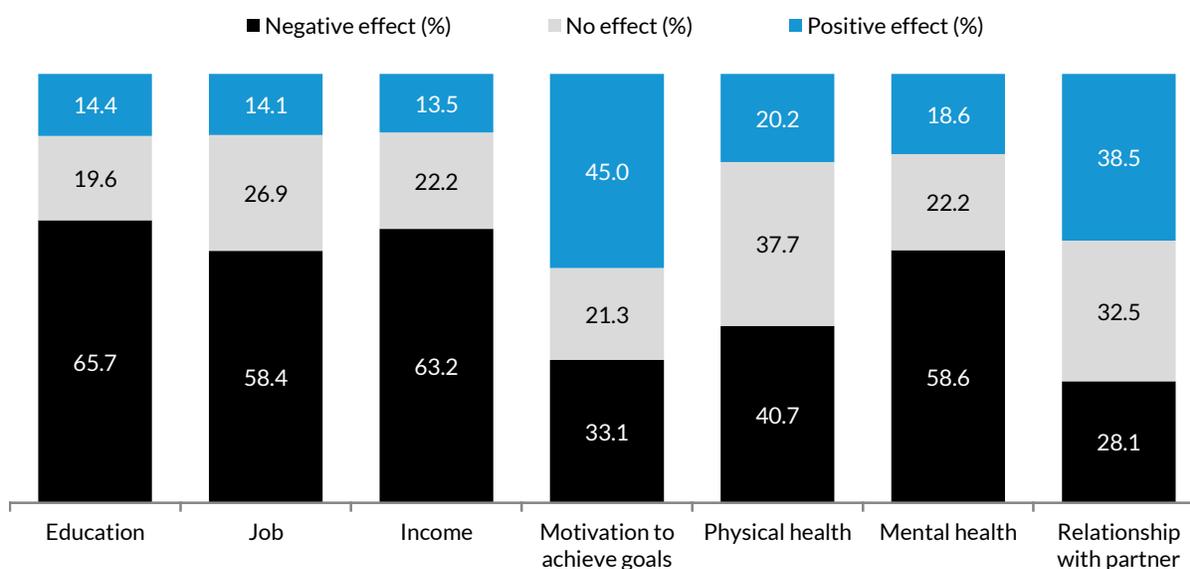
Perceived Effects of an Unplanned Birth on Women’s Lives

When considering the impacts that an unplanned birth may have on a woman’s life, the majority of women reported that an unplanned birth would have a negative effect on a woman’s education (65.7 percent), job (58.4 percent), income (63.2 percent), and mental health (58.6 percent), as shown in figure 1. Women reporting negative effects were much more likely to report somewhat negative effects than

very negative effects. For example, 50.9 percent of women reported that an unplanned birth would have a somewhat negative effect on a woman’s education, but only 14.8 percent reported that it would have a very negative effect (data not shown).

For the other three areas included in the survey, responses were mixed. For physical health, 40.7 percent of respondents said an unplanned birth would have a negative effect, 37.7 percent said it would have no effect, and 20.2 percent said it would have a positive effect. For relationship with partner, 38.5 percent of respondents said an unplanned birth would have a positive effect, 32.5 percent said it would have no effect, and 28.1 percent said it would have a negative effect. Women reported the most positive responses for the effects of an unplanned birth on a woman’s motivation to achieve her goals (45.0 percent), yet 21.3 percent of women said an unplanned birth would have no effect and 33.1 percent said it would have a negative effect on her motivation.

FIGURE 1
Perceived Effects of an Unplanned Birth on Seven Areas of Women’s Lives among Women Ages 18 to 44, 2016



Source: Survey of Family Planning and Women’s Lives 2016.

Note: N = 1,990 women ages 18 to 44.

Women’s responses in follow-up interviews reinforced the negative reported perceptions of the effect an unplanned birth would have on a woman’s education, job, and income. For example, one 21-year-old woman said, “Kids are expensive, and I wouldn’t be able to finish my degree and get the high-paying job that I want. It would definitely change my future plans in a bad way.” When discussing the effect an unplanned birth would have on her life compared with that of her partner, a 28-year-old woman said, “Unfair as it is, it probably wouldn’t affect his career or education as much as it would affect

mine.” One 35-year-old respondent expressed concerns about her mental health and stated, “Emotionally and financially we would be better prepared to have another child in a year, but we would make it work if it happened.” Additional findings from the follow-up interviews are presented in box 1.

BOX 1

Women’s Perceptions of Unplanned Pregnancy: Follow-Up Interview Findings

The 26 survey respondents who completed follow-up interviews expressed a range of attitudes toward unplanned pregnancy. About half of the interviewees had positive or neutral reactions to a potential unplanned pregnancy, indicating that it would be welcome or have little impact on quality of life for them or their family members. The other half of interviewees had negative reactions to the idea of becoming pregnant unexpectedly.

Positive to neutral reactions were more common among married women who had recently had children. Negative reactions were more common among younger unmarried women who felt unprepared to become parents and among older women who felt that they were “done” having children.

- *I would be shocked; I would welcome it as a blessing. There would also be dread and the worry that I would have to go through the experience of losing a child during the second trimester, which was very traumatic [when I experienced a previous pregnancy loss].* — 35-year-old married woman
- *I would be devastated. My hands are full. I can’t do anymore.* — 40-year-old married woman

Despite these differing opinions, women largely agreed that unplanned pregnancy would have significant financial and emotional costs. For instance, they reported that having another child would require buying a bigger house, getting a new car, or spending more on child care. For several women, an unplanned pregnancy would mean quitting a job and staying home with the baby. These women worried about lost income and negative consequences for their careers. Younger women in particular were concerned about the impact that an unplanned birth would have on their education and their future career trajectory.

- *Being a mom, I know that babies change things and you change your plans. We’ve always just managed to just change our work hours around so that someone was always home with the children. That may be a factor.* — 44-year-old married woman
- *I would be extremely scared and very upset and worried about my future. As a female I’m applying for grad school, and it would put a kink in my educational plans and financial plans in the long term.* — 28-year-old single woman
- *I wouldn’t be depressed, but I would be overwhelmed because I have a lot of goals to accomplish before that happens.* — 22-year-old woman living with a partner

Many older women felt that they could not handle the emotional or physical impact of having more children. This impact included the physical stress of pregnancy and the energy and time commitment involved in raising children. Among women whose children were grown or school-aged, having another baby would be an unwelcome return to a more stressful, chaotic, and sleepless period of their lives.

- *It’s not a financial stress; it’s just too much. They want to play with us all day. The amount of time we have left over for ourselves is literally not enough.* — 40-year-old married woman

- *I'm not that old, but I'm five years older than my previous pregnancy. It was harder on me physically; it was harder to keep up with my daughter. Now it's harder to keep up with two kids, so I can imagine it would be that much harder having a third.* — 35-year-old married woman
- *It would definitely affect our personal lifestyle. We are done having babies.* — 44-year-old married woman

Most women thought that their partners' feelings about an unplanned birth would align with their own. For the most part, ambivalent women felt their partner would be similarly ambivalent, and women with strongly negative reactions thought that their partner would share those feelings. In some cases, women thought their partners might be more enthusiastic about an unplanned pregnancy, either because the partner wanted more children and the woman herself did not, or because an unplanned birth would have a comparatively less dramatic impact on the partner's education or career.

- *We've been together 18 years. He would be happy.... He would deal with it. He's learned to fall in line.* — 37-year-old married woman
- *He loves children; he'd have four more babies if he could. I'm the one who's like, "No way."* — 38-year-old married woman
- *I think he would probably be more excited [than me].... He's careful about birth control because he knows it's a concern of mine, not because it's something he's not ready for.* — 28-year-old woman in a long-term relationship
- *He would probably be elated. I think that men think that's a way of tying a woman down. It would lead to something like marriage.* — 42-year-old divorced woman

Nearly all women expected that they would carry an unplanned pregnancy to term and raise the child. This was true even among women who felt that a baby would hinder their lifestyle or seriously harm their finances. At least four women rejected abortion for religious or moral reasons. Others felt that abortion was acceptable in some circumstances but not for women who were married or in a stable financial situation. Interest in giving an unplanned baby up for adoption was also limited. A few women expressed uncertainty about how they would respond to an unplanned pregnancy, but no one suggested that they would definitely pursue abortion or adoption.

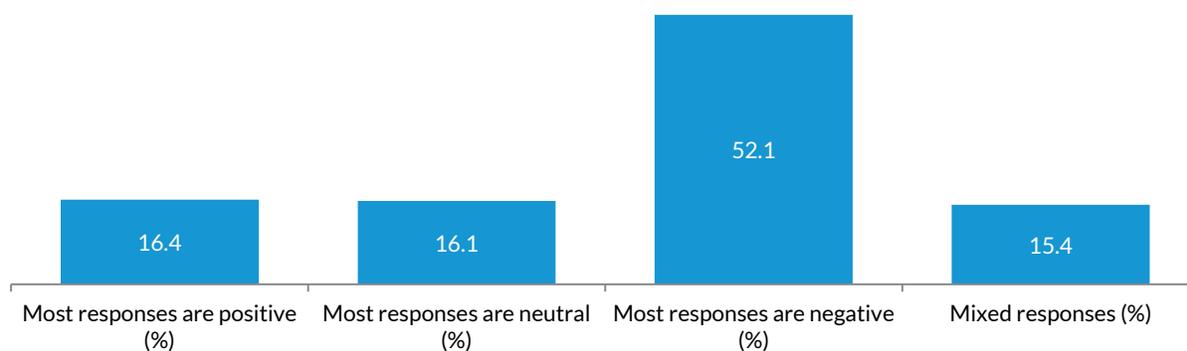
- *I've always looked at abortion [as] for people who've been raped or [who are] not in the financial situation they need to be in. If I did something like that at my age and my situation, I would be selfish to do that. I would adopt someone, but I would never give my child up.* — 22-year-old woman living with her partner
- *I would keep the baby. I would never terminate unless my child's life or my life was in danger.* — 35-year-old married woman
- *That's hard. I honestly don't know what I would do.* — 40-year-old married woman
- *It might make me a bit resentful of my partner and the child, but I think we would go through with [having and raising the child].* — 28-year-old woman in a long-term relationship

When considering women's survey responses on the impacts that an unplanned birth may have on a woman's life, the perceived effect of an unplanned birth was generally negative. More than eight in ten women of reproductive age (83.2 percent) reported that an unplanned birth would negatively affect at least one of seven areas of a woman's life, but 61.2 percent reported at least one positive effect. Women

were more likely to report multiple negative effects than positive or neutral effects. More than three-quarters of women reported two or more negative effects, but only 37.5 percent of women reported two or more positive effects (data not shown). More than half of women (52.1 percent, figure 2) responded that an unplanned birth would have a negative effect on at least four of seven life areas (i.e., the birth would have “mostly negative” effects). The remaining women were nearly evenly divided among those who responded that an unplanned birth would have mostly positive effects (16.4 percent), mostly neutral or no effects (16.1 percent), and mixed effects (15.4 percent).

FIGURE 2

Summarized Perceptions of Effects of an Unplanned Birth on Seven Areas of Women’s Lives among Women Ages 18 to 44, 2016



Source: Survey of Family Planning and Women’s Lives 2016.

Notes: N = 1,990 women ages 18 to 44. “Most” indicates that a woman gave four or more responses of one type; “mixed” indicates fewer than four responses for any one type. Responses refer to seven areas of women’s lives: education, job, income, motivation to achieve goals, physical health, mental health, and relationship with partner.

Table 2 shows variation by demographic characteristics in women’s responses to the effect an unplanned birth would have on seven areas of a woman’s life. Overall, non-Hispanic white women were the most likely to report mostly negative responses (60.5 percent), and black or other non-Hispanic women were the most likely to report mostly positive responses (29.1 percent).

When compared across characteristics, women with some college education or more were significantly more likely to report mostly negative responses (58.5 percent) than women with a high school degree or less (40.3 percent). Women with family incomes above 138 percent of FPL were also more likely to report mostly negative responses (58.4 percent) than lower-income women (41.0 percent). Finally, women who had never experienced an unplanned birth were more likely to report mostly negative responses than women who reported having an unplanned birth. We found limited significant differences in women’s responses by age and marital status and no significant differences by work status.

TABLE 2

Summarized Perceptions of Effects of an Unplanned Birth on Seven Areas of Women's Lives, by Demographic Characteristics, 2016

	Sample size	Mostly positive responses (%)	Mostly negative responses (%)	Mostly neutral responses (%)	Mixed responses (%)
Race/ethnicity					
<i>White, non-Hispanic</i>	1,148	10.6	60.5	14.3	14.6
Black or other, non-Hispanic	532	29.1***	34.6***	19.4	16.9
Hispanic	310	21.8***	41.2***	21.5**	15.5
Education					
<i>High school or less</i>	402	21.8	40.3	20.7	17.2
Some college or more	1,588	13.4***	58.5***	13.7***	14.4
Age					
18-29	691	16.0	52.1	15.2	16.8
30-39	946	14.7	50.7	19.5*	15.0
40-44	353	20.6	55.1	11.7	12.6
Income					
<i>Less than or equal to 138% of FPL</i>	547	23.0	41.0	18.4	17.5
Greater than 138% of FPL	1,414	12.9***	58.4***	14.7	14.1
Unplanned birth					
<i>Unplanned birth</i>	764	18.9	43.9	19.0	18.3
No unplanned birth	1,226	14.9*	56.9***	14.5*	13.7**
Marital status					
<i>Married</i>	917	14.8	50.8	16.9	17.5
Widowed, separated, or divorced	190	19.5	45.2	23.2	12.1*
Never married	626	16.3	55.4	13.3	14.9
Living with partner	257	19.7	52.5	16.2	11.6*
Work status					
<i>Working</i>	1,413	15.2	53.6	15.3	15.9
Not working	577	18.6	49.3	17.8	14.4
All women	1,990	16.4	52.1	16.1	15.4

Source: Survey of Family Planning and Women's Lives 2016.

Notes: FPL = federal poverty level. The seven areas of women's lives summarized in this measure are education, job, income, motivation to achieve goals, physical health, mental health, and relationship with partner. Reference groups are italicized above.

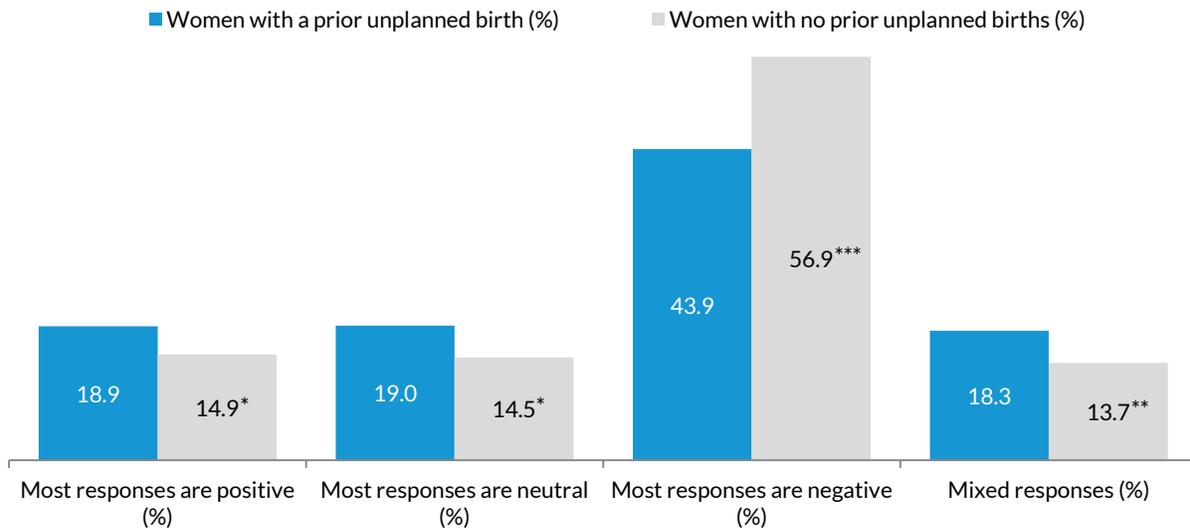
*/**/** Estimate differs significantly from the reference group at 0.1/0.05/0.01 levels, using two-tailed *t*-tests.

Differences in Perceived Effects of an Unplanned Birth between Women with and without an Unplanned Birth

When considering the effects of an unplanned birth on seven areas of a woman's life, women who had an unplanned birth generally responded differently from those who had not. Women with an unplanned birth were less likely to report four or more negative responses than women who have not had an unplanned birth (43.9 percent versus 56.9 percent, figure 3). Women with an unplanned birth were also more likely to report positive, neutral, and mixed responses than women without an unplanned birth. The pattern of fewer negative responses among women with an unplanned birth is consistent across all seven areas of a woman's life (data not shown).

FIGURE 3

Summarized Perceptions of Effects of an Unplanned Birth on Seven Areas of Women’s Lives, among Women with and without an Unplanned Birth, 2016



Source: Survey of Family Planning and Women’s Lives 2016.

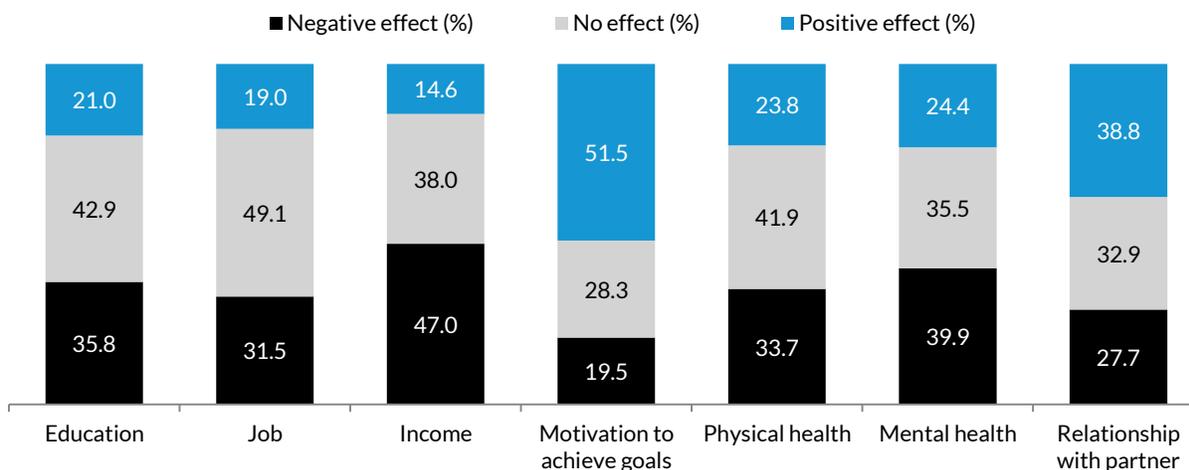
Notes: Sample includes 764 women with an unplanned birth and 1,226 women without an unplanned birth. “Most” indicates that a woman gave four or more responses of one type; “mixed” indicates fewer than four responses for any one type. Responses refer to seven areas of women’s lives: education, job, income, motivation to achieve goals, physical health, mental health, and relationship with partner.

Reported Effects of an Unplanned Birth on a Woman’s Life

Women who have had an unplanned birth are divided about the effect it had on areas of their own lives. More than half of women only agreed on one area: that an unplanned birth had a positive effect on their motivation to achieve their goals (51.5 percent, figure 4). Nearly two in ten women reported a very positive effect (19.6 percent) and 29.5 percent reported a somewhat positive effect of an unplanned birth on their motivation to achieve goals (data not shown). Nearly half (47.0 percent) of women with an unplanned birth reported that it had a negative effect on their income, and 39.9 percent reported that it had a negative effect on their mental health. Though not a majority, 38.8 percent of women reported a positive effect on their relationship with a partner; 32.9 percent of women reported no effect, and 27.7 percent reported a neutral effect. Neutral or no effect was the most common response for three areas: education (42.9 percent), job (49.1 percent), and physical health (41.9 percent). But among women reporting an effect for these dimensions, negative effects were more common than positive effects.

FIGURE 4

Reported Effects That an Unplanned Birth Had on Seven Areas of a Woman’s Own Life, among Women Ages 18 to 44 with an Unplanned Birth, 2016



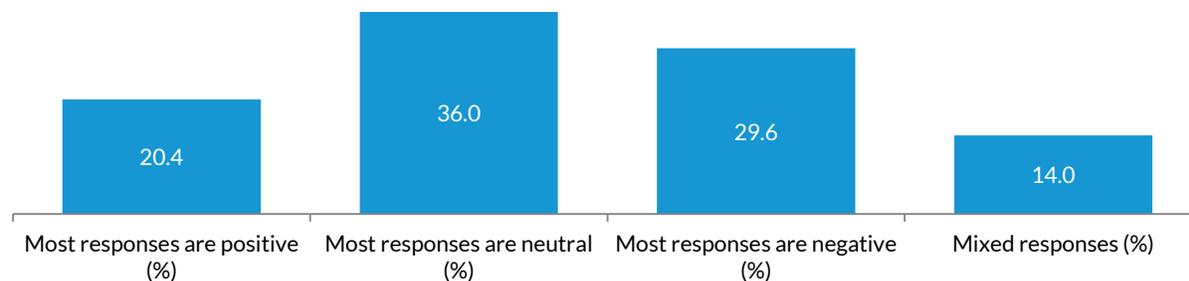
Source: Survey of Family Planning and Women’s Lives 2016.

Note: n = 764 women with an unplanned birth.

When women with a prior unplanned birth were asked about the effects of that unplanned birth on seven areas of their own lives, the most common responses were neutral, representing more than one-third of women (36.0 percent, figure 5). Nearly three in ten women (29.6 percent) reported mostly negative effects; fewer reported either mostly positive effects (20.4 percent) or mixed responses (14.0 percent).

FIGURE 5

Summarized Perceptions of Reported Effects of an Unplanned Birth on Seven Areas of a Woman’s Own Life, among Women Ages 18 to 44 with an Unplanned Birth, 2016



Source: Survey of Family Planning and Women’s Lives 2016.

Notes: n = 764 women with an unplanned birth. “Most” indicates that a woman gave four or more responses of one type; “mixed” indicates fewer than four responses for any one type. Responses refer to seven areas of women’s lives: education, job, income, motivation to achieve goals, physical health, mental health, and relationship with partner.

Table 3 shows variation by demographic characteristics in women’s responses to the effect of an unplanned birth on seven areas of their own lives. Overall, women who had never been married were the most likely to report mostly positive effects (34.5 percent, table 3), and women who were living with a partner were the least likely to report mostly positive effects (8.4 percent) and the most likely to report neutral effects (46.7 percent). Older women (ages 40 to 44) were most likely to report mostly negative effects (36.4 percent), and young women (ages 18 to 29) were least likely to report mostly negative effects (23.1 percent).

TABLE 3

Summarized Perceptions of Reported Effects of an Unplanned Birth on Seven Areas of a Woman’s Own Life among Women Ages 18 to 44 with an Unplanned Birth, by Demographic Characteristics, 2016

	Sample size	Mostly positive responses (%)	Mostly negative responses (%)	Mostly neutral responses (%)	Mixed responses (%)
Race/ethnicity					
<i>White, non-Hispanic</i>	392	14.0	28.9	40.9	16.2
Black or other, non-Hispanic	250	24.7***	34.0	30.2**	11.1
Hispanic	122	31.2***	24.8	31.4	12.6
Education					
<i>High school or less</i>	204	19.8	24.5	46.0	9.7
Some college or more	560	20.9	33.5**	28.3***	17.4**
Age					
18–29	175	24.4	23.1	34.1	18.3
30–39	409	19.5	30.3	37.6	12.6
40–44	180	17.0	36.4**	35.4	11.2
Income					
<i>Less than or equal to 138% of FPL</i>	302	23.3	32.6	31.1	13.0
Greater than 138% of FPL	451	17.5	26.8	40.4**	15.3
Marital status					
<i>Married</i>	365	18.1	29.5	38.9	13.6
Widowed, separated, or divorced	115	19.5	29.9	35.2	15.4
Never married	175	34.5***	31.8	22.8***	10.9
Living with partner	109	8.4***	26.4	46.7	18.6
Work status					
<i>Working</i>	488	21.4	30.1	32.6	16.0
Not working	276	19.1	28.8	40.9*	11.2
All women with an unplanned birth	764	20.4	29.6	36.0	14.0

Source: Survey of Family Planning and Women’s Lives 2016.

Notes: FPL = federal poverty level. The seven areas of women’s lives summarized in this measure are education, job, income, motivation to achieve goals, physical health, mental health, and relationship with partner. Reference groups are italicized above.

*/**/*** Estimate differs significantly from the reference group at 0.1/0.05/0.01 levels, using two-tailed t-tests.

Hispanic women and black or other non-Hispanic women were more likely to report mostly positive effects (31.2 percent and 24.7 percent, respectively) from their unplanned birth than non-Hispanic white women (14.0 percent). Women with some college education or more were more likely than less

educated women to report mostly negative effects (33.5 percent versus 24.5 percent) and were less likely to report mostly neutral effects (28.3 percent versus 46.0 percent). Finally, higher-income women were more likely to report mostly neutral effects.

What It Means

Consistent with the literature finding negative effects of unplanned births, more than half of women of reproductive age expected an unplanned birth to have mostly negative effects on seven areas of a woman's life. Women perceive unplanned births to have negative effects on a woman's socioeconomic well-being in particular, with the majority reporting negative effects on a woman's educational attainment, job, and income. Survey respondents' comments in follow-up interviews reinforce these findings; they express concerns about an unplanned pregnancy hindering plans for their education, career, and financial stability. Women also report that an unplanned birth would have a negative effect on a woman's mental health.

Women's perceptions of unplanned birth vary based on their own experience. When considering the effects of an unplanned birth on women's lives in general, respondents who had experienced an unplanned birth were less likely than those who had not to perceive mostly negative effects. An even smaller share of respondents reported mostly negative responses when considering the effects of their own unplanned birth, and more than half of women with an unplanned birth stated that it had a positive effect on their motivation to achieve their goals. These patterns suggest that although women expect unplanned births to negatively affect their lives, the perceptions of those who actually experience them may change once they have given birth to and are raising the child that was unplanned. This may reflect women's ability to adapt and make the best of their situation when an unplanned birth occurs, women's reluctance to attach negative feelings to a situation that resulted in a child they love, or women's decision to carry an unplanned pregnancy to term rather than have an abortion.

Women's perceptions of and experiences with unplanned birth also vary by their demographic characteristics. Black and Hispanic women consistently report more positive effects than white women, and more educated and higher-income women consistently report more negative effects than less educated and lower-income women. Though we are unable to explain these observed patterns in women's perceptions of unplanned birth, research has found that teens with lower expectations for their future are more likely to become pregnant and that women's perspectives on timing of pregnancy are closely tied to life opportunities and life goals (Coley and Chase-Lansdale 1998; Harden et al. 2009; Santelli et al. 2009). Additional qualitative research planned as part of the *Beyond Birth Control* project is designed to expand our understanding of these patterns by investigating the drivers of women's perceptions about unplanned births, particularly the role of cultural perspectives, values, and women's expectations for their future.

Women's concerns about the negative effects of unplanned births underscore the importance of access to reproductive health and family planning services, which allow women to plan their pregnancies and prevent unplanned births. For women who experience an unplanned birth, access to

targeted services and supports could reduce the negative impact of an unplanned birth on a woman's life. For example, the commonly reported negative effects of unplanned births on a woman's education, job, and income could be ameliorated by programs that support the educational pursuits of young mothers. Similarly, programs providing affordable child care could allow more women to continue to pursue their career goals following the birth of their child, and expanded access to effective mental health services may help reduce the negative effects of unplanned births on women's lives.

Notes

1. "Family Planning," US Department of Health and Human Services, Healthy People 2020, accessed February 2017, <http://www.healthypeople.gov/2020/topics-objectives/topic/family-planning>.
2. Because of its small sample size and relatively low response rate (8.7 percent), SFPWL has been benchmarked against federal survey data. SFPWL estimates and variation across subgroups are generally consistent with estimates from federal survey data, which confirms SFPWL's standing as a source of timely and reliable information about women's experiences with contraception and reproductive health. For more information about the survey's design and methodology, see the technical appendix to this brief series by Shartzter and Johnston (2016). For more information about the AmeriSpeak panel, see Dennis (2015).

References

- Bachrach, Christine A., and Susan Newcomer. 1999. "Intended Pregnancies and Unintended Pregnancies: Distinct Categories or Opposite Ends of a Continuum?" *Family Planning Perspectives* 31 (5): 251–52.
- Cheng, Diana, Eleanor B. Schwarz, Erika Douglas, and Isabelle Horon. 2009. "Unintended Pregnancy and Associated Maternal Preconception, Prenatal and Postpartum Behaviors." *Contraception* 79 (3): 194–98.
- Coley, Rebekah Levine, and P. Lindsay Chase-Lansdale. 1998. "Adolescent Pregnancy and Parenthood: Recent Evidence and Future Directions." *American Psychologist* 53 (2): 152–66.
- Dennis, Michael. 2015. "Technical Overview of the AmeriSpeak Panel, NORC's Probability-Based Research Panel." Chicago: NORC at the University of Chicago.
- Finer, Lawrence B., and Mia R. Zolna. 2016. "Declines in Unintended Pregnancy in the United States, 2008–2011." *New England Journal of Medicine* 374 (9): 843–52.
- Frost, Jennifer J., and Laura Duberstein Lindberg. 2013. "Reasons for Using Contraception: Perspectives of US Women Seeking Care at Specialized Family Planning Clinics." *Contraception* 87 (4): 465–72.
- Frost, Jennifer J., Susheela Singh, and Lawrence B. Finer. 2007. "U.S. Women's One-Year Contraceptive Use Patterns, 2004." *Perspectives on Sexual and Reproductive Health* 39 (1): 48–55.
- Gipson, Jessica D., Michael A. Koenig, and Michelle J. Hindin. 2008. "The Effects of Unintended Pregnancy on Infant, Child, and Parental Health: A Review of the Literature." *Studies in Family Planning* 39 (1): 18–38.
- Harden, Angela, Ginny Brunton, Adam Fletcher, and Ann Oakley. 2009. "Teenage Pregnancy and Social Disadvantage: Systematic Review Integrating Controlled Trials and Qualitative Studies." *BMJ* 339 (November): b4254.
- Logan, Cassandra, Emily Holcombe, Jennifer Manlove, and Suzanne Ryan. 2007. *The Consequences of Unintended Childbearing*. Washington, DC: Child Trends.
- Mosher, William D., and Jo Jones. 2010. *Use of Contraception in the United States: 1982–2008*. Vital and Health Statistics 23, no. 29. Hyattsville, MD: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

- Mosher, William D., Jo Jones, and Joyce C. Abma. 2012. *Intended and Unintended Births in the United States: 1982–2010*. National Health Statistics Reports, no. 55. Hyattsville, MD: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.
- Sable, Marjorie R. 1999. "Pregnancy Intentions May Not Be a Useful Measure for Research on Maternal and Child Health Outcomes." *Family Planning Perspectives* 31 (5): 249–50.
- Santelli, John S., Roger Rochat, Kendra Hatfield-Timajchy, Brenda Colley Gilbert, Kathryn Curtis, Rebecca Cabral, Jennifer S. Hirsch, Laura Schieve, and other members of the Unintended Pregnancy Working Group. 2003. "The Measurement and Meaning of Unintended Pregnancy." *Perspectives on Sexual and Reproductive Health* 35 (2): 94–101.
- Santelli, John S., Laura Duberstein Lindberg, Mark G. Orr, Lawrence B. Finer, and Ilene Speizer. 2009. "Toward a Multidimensional Measure of Pregnancy Intentions: Evidence from the United States." *Studies in Family Planning* 40 (2): 87–100.
- Shartzter, Adele, and Emily M. Johnston. 2016. "The Survey of Family Planning and Women's Lives: Methodology." Washington, DC: Urban Institute.
- Sonfield, Adam, Kinsey Hasstedt, Megan L. Kavanaugh, and Ragnar Anderson. 2013. *The Social and Economic Benefits of Women's Ability to Determine Whether and When to Have Children*. New York: Guttmacher Institute.
- Trussell, James, and Barbara Vaughan. 1999. "Contraceptive Failure, Method-Related Discontinuation and Resumption of Use: Results from the 1995 National Survey of Family Growth." *Family Planning Perspectives* 31 (2): 64–72, 93.
- Trussell, James, Barbara Vaughan, and Joseph Stanford. 1999. "Are All Contraceptive Failures Unintended Pregnancies? Evidence from the 1995 National Survey of Family Growth." *Family Planning Perspectives* 31 (5): 246–47, 260.
- Upadhyay, Ushma D., M. Antonia Biggs, and Diana Greene Foster. 2015. "The Effect of Abortion on Having and Achieving Aspirational One-Year Plans." *BMC Women's Health* 15 (November): 102.

About the Authors

Emily M. Johnston is a research associate in the Health Policy Center at the Urban Institute. She studies health insurance coverage, access to care, and women's and children's health, focusing on the effects of state and federal policies on the health and well-being of vulnerable populations.

Brigette Courtot is a senior research associate in the Health Policy Center at the Urban Institute, where she has more than a decade of experience conducting health policy research and analysis with a focus on maternal and child health and access to care for underserved populations.

Jacob Fass is a research assistant in the Health Policy Center at the Urban Institute.

Sarah Benatar is a senior research associate in the Health Policy Center at the Urban Institute. Her research investigates how public policies affect vulnerable populations, health outcomes, access to care, use of services, and enrollment in coverage programs, with a particular focus on maternal and child health.

Adele Shartzter is a research associate in the Health Policy Center at the Urban Institute. Her recent work focuses on health coverage, access to care, and the health care delivery system, including the impact of the Affordable Care Act on women of reproductive age.

Genevieve M. Kenney is a senior fellow and codirector of the Health Policy Center at the Urban Institute. She has been conducting policy research for over 25 years and is a nationally renowned expert on Medicaid, the Children's Health Insurance Program, and broader health insurance coverage and health issues facing low-income children and families.

Acknowledgments

This brief was funded by the William and Flora Hewlett Foundation. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute's funding principles is available at www.urban.org/support.

The authors would like to thank Doug Wissoker at the Urban Institute for his assistance with survey design and analysis, and the *Beyond Birth Control: Family Planning and Women's Lives* project advisory group members for their comments and suggestions on the survey instrument.



2100 M Street NW
Washington, DC 20037
www.urban.org

ABOUT THE URBAN INSTITUTE

The nonprofit Urban Institute is dedicated to elevating the debate on social and economic policy. For nearly five decades, Urban scholars have conducted research and offered evidence-based solutions that improve lives and strengthen communities across a rapidly urbanizing world. Their objective research helps expand opportunities for all, reduce hardship among the most vulnerable, and strengthen the effectiveness of the public sector.

Copyright © March 2017. Urban Institute. Permission is granted for reproduction of this file, with attribution to the Urban Institute.