

Birth Control Has Expanded Opportunity for Women – In Economic Advancement, Educational Attainment, and Health Outcomes.



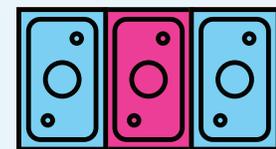
The broad positive impact of birth control on the U.S. economy is one reason why the Centers for Disease Control and Prevention named family planning, including access to modern contraception, one of the 10 great public health achievements of the 20th century.¹ The U.S. and state governments saved \$13.6 billion in 2010 and it is estimated that for every \$1 invested in family planning programs, federal and state governments save \$7.09 in part because of unintended pregnancies that were prevented from publicly supported contraception.²

Birth Control Advances Women's Economic Empowerment.

Highlighting the fact that birth control is a top economic driver for women, *Bloomberg Businessweek* recently listed contraception as one of the most transformational developments in the business sector in the last 85 years.³ Fully one-third of the wage gains women have made since the 1960s are the result of access to oral contraceptives. And while the wage gap between men and women is still significant (particularly for women of color) and must be addressed, access to birth control has helped narrow the gap. The decrease in the gap among 25–49-year-olds between men's and women's annual incomes "would have been 10 percent smaller in the 1980s and 30 percent smaller in the 1990s" in the absence of widespread legal birth control access.⁴

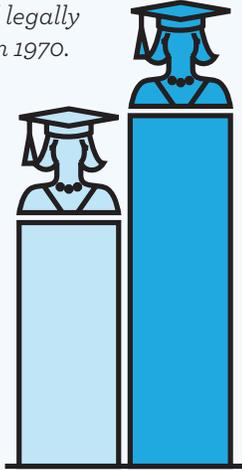
Birth Control Advances Women's Educational Opportunities.

Being able to get the pill before age 21 has been found to be the most influential factor in enabling women already in college to stay in college.⁵ College enrollment was 20 percent higher among women who could access the birth control pill legally by age 18 in 1970, compared with women who could not, and women who could access the pill before having to decide whether to pursue higher education obtained an average of about one year more of education before age 30.⁶ Between 1969 and 1980, the dropout rate among women with access to the pill was 35 percent lower than women without access to the pill.⁷ And finally, young women's legal access to the pill before age 21 led to a significant (2.3 percent) increase in the women who were college graduates, and young women with legal pill access were able to both have children and pursue higher education.⁸



Fully one-third of the wage gains women have made since the 1960s are the result of access to oral contraceptives.

College enrollment was 20% higher among women who could access the birth control pill legally by age 18 in 1970.



Access to Contraception Has Also Led to More College-Educated Women Pursuing Advanced Professional Degrees.

Birth control has been estimated to account for more than 30 percent of the increase in the proportion of women in skilled careers from 1970 to 1990.⁹ The pill has also been touted as a major driver in women pursuing medicine, dentistry, and law.

Today, Women Are the Primary Breadwinners in More Than 40 Percent of American Households with Children.¹⁰

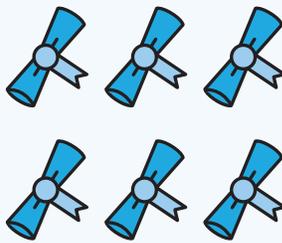
Women-owned firms are the fastest growing segment of new business in the U.S.,¹¹ and research shows a correlation between more women on corporate boards and higher profits.¹² Today, women are a majority of undergraduate students in America.¹³ The number of women who complete four or more years of college is six times what it was before birth control became legal.¹⁴ Women earn half of all doctorate degrees,¹⁵ half of medical degrees,¹⁶ and half of law degrees.¹⁷

Birth Control Enhances Children's Well-Being in the Long Run.

Federally funded family planning programs are associated with significant reductions in child poverty rates and poverty in adulthood. A study of the long-term effects of access to contraception found that individuals born in the years immediately after the federal family planning programs started were less likely to live in poverty in childhood and adulthood.¹⁸ Another study found children conceived in areas with greater financial access to contraception were 2 to 7 percent more likely to attain 16 or more years of education.¹⁹

Removing Barriers to Contraception Saves Women Money.

Twenty-eight states now have contraceptive equity laws requiring health plans to provide coverage for all FDA-approved contraceptives.²⁰ In 1998, a contraceptive coverage requirement was added to the Federal Employees Health Benefits Plan (PL 106-58).²¹ And on August 1, 2011, the U.S. Department of Health and Human Services announced that the full range of FDA-approved contraceptive methods would be available without copays or cost sharing as part of the Affordable Care Act (ACA). In the first year after this provision went into effect on August 1, 2012, women saved \$483 million dollars on birth control pills alone.²²



The number of women who complete four or more years of college is six times what it was before birth control became legal.



The pill has also been touted as a major driver in women pursuing medicine, dentistry, and law.



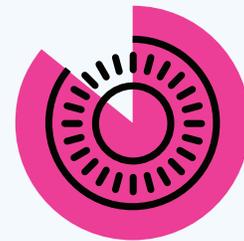
The rate of teenage pregnancy in the United States has declined to its lowest level in 40 years.

Birth Control Reduces Teen Pregnancy.

The rate of teenage pregnancy in the United States has declined to its lowest level in 40 years.²³ Between 1990 and 2010 it decreased from 116.9 pregnancies per 1,000 women aged 15-19 to 57.4 per 1,000, a drop of 51 percent.²⁴ An analysis of National Survey of Family Growth (NSFG), the major source of government data on population and reproductive health, found that contraception accounts for 86 percent of the recent decline in teenage pregnancy.²⁵

Birth Control Reduces Unintended Pregnancy.

Family planning services available through Medicaid and Title X of the U.S. Public Health Service Act help women prevent 2.2 million unintended pregnancies each year. Without these family planning services, the numbers of unintended pregnancies and abortions would be nearly two-thirds higher than they are now.²⁶



Contraception accounts for 86 percent of the recent decline in teenage pregnancy.



Women saved \$483 million on birth control pills alone the first year after the ACA contraceptive provision went into effect.

Birth Control Prevents Cancer Deaths.

Oral contraceptive use has consistently been found to be associated with a reduced risk of ovarian and endometrial cancers.²⁷ U.S. expenditures for ovarian cancer in 2014 were estimated at \$5.5 billion and U.S. expenditures for uterine cancer in 2014 were estimated at \$2.8 billion, according to the National Cancer Institute.²⁸

1. "Achievements in Public Health, 1900-1999: Family Planning." (1999). *Morbidity and Mortality Weekly Report*, 48(47), 1073-1080.
2. Frost, Jennifer J., et al. (2014). "Return on investment: A fuller assessment of the benefits and cost savings of the US publicly funded family planning program." *The Milbank Quarterly*, 92(4), 667-720. [Online]. http://www.guttmacher.org/pubs/journals/MQ-Frost_1468-0009.12080.pdf.
3. Soller, Kurt. (2014, December 4). "The Birth Control Pill Advanced Women's Economic Freedom." *Bloomberg Businessweek*. [Online]. <http://www.businessweek.com/articles/2014-12-04/birth-control-pill-advanced-womens-economic-freedom>.
4. Bailey, Martha J., et al. (2012). "The Opt-In Revolution? Contraception and the Gender Gap in Wages." NBER Working Paper, No. 17922. Cited in Sonfield, Adam et al. (2013). *The Social and Economic Benefits of Women's Ability To Determine Whether and When to Have Children*. New York: Guttmacher Institute.
5. Hock, Heinrich. (2007). "The Pill and the College Attainment of American Women and Men." Working Paper. Florida State University. Cited in Sonfield, Adam et al. (2013). *The Social and Economic Benefits of Women's Ability To Determine Whether and When to Have Children*. New York: Guttmacher Institute.
6. Martha J. Bailey, et al. (2012). "The Opt-In Revolution? Contraception and the Gender Gap in Wages." NBER Working Paper, No. 17922. Cited in Sonfield, Adam et al. (2013). *The Social and Economic Benefits of Women's Ability To Determine Whether and When to Have Children*. New York: Guttmacher Institute.
7. Hock, Heinrich. (2007). "The Pill and the College Attainment of American Women and Men." Working Paper. Florida State University. Cited in Sonfield, Adam et al. (2013). *The Social and Economic Benefits of Women's Ability To Determine Whether and When to Have Children*. New York: Guttmacher Institute.
8. Ananat, Elizabeth O., and Daniel M. Hungerman. (2012). "The Power of the Pill for the Next Generation: Oral Contraception's Effects on Fertility, Abortion, and Maternal and Child Characteristics." *Review of Economics and Statistics*, 94(1): 37-51. Cited in Sonfield, Adam et al. (2013). *The Social and Economic Benefits of Women's Ability To Determine Whether and When to Have Children*. New York: Guttmacher Institute.
9. Goldin, Claudia, and Lawrence F. Katz. "The Power of the Pill: Oral Contraceptives and Women's Career and Marriage Decisions." *Journal of Political Economy*, 110(4): 730-770. Cited in Sonfield, Adam et al. (2013). *The Social and Economic Benefits of Women's Ability To Determine Whether and When to Have Children*. New York: Guttmacher Institute.
10. Glynn, Sarah Jane. (2014, June). *Breadwinning Mothers, Then and Now*. Washington, DC: Center for American Progress. [Online]. <https://cdn.americanprogress.org/wp-content/uploads/2014/06/Glynn-Breadwinners-report-FINAL.pdf>.
11. SBA – U.S. Small Business Association. (2013, March 11). "Women's History Month: A Bright Future For Women-Owned Small Businesses." [Online]. <https://www.sba.gov/blogs/womens-history-month-bright-future-women-owned-small-businesses>.
12. Catalyst. (2007). "The Bottom Line: Corporate Performance and Women's Representation on Boards." New York, NY: Catalyst. [Online]. http://catalyst.org/system/files/The_Bottom_Line_Corporate_Performance_and_Womens_Representation_on_Boards.pdf.
13. U.S. Department of Education, National Center for Education Statistics. (2014, May). "Undergraduate Enrollment". *The Condition of Education*. Washington, DC: U.S. Department of Education. [Online]. https://nces.ed.gov/programs/coe/indicator_cha.asp.
14. Kena, Grace, et al. (2014). *The Condition of Education 2014* (NCES 2014-083). Washington, DC: U.S. Department of Education. [Online]. <http://nces.ed.gov/programs/coe/>, accessed May 14, 2015.
15. U.S. Department of Education, National Center for Education Statistics. (2013). *Integrated Postsecondary Education Data System (IPEDS), Fall 2013, Completions component*. (This table was prepared September 2014.) Washington, DC: U.S. Department of Education. [Online]. https://nces.ed.gov/programs/digest/d14/tables/dt14_318.30.asp.
16. AAMC – Association of American Medical Colleges. (2015). "FACTS: Applicants, Matriculants, Enrollment, Graduates, MD/PhD, and Residency Applicants Data." [Online]. <https://www.aamc.org/data/facts/>.
17. ABA – American Bar Association. (2014, July). "A Current Glance at Women in the Law." [Online]. http://www.americanbar.org/content/dam/aba/marketing/women/current_glance_statistics_july2014.authcheckdam.pdf.
18. Bailey, Martha J., et al. (2014). "Do Family Planning Programs Decrease Poverty? Evidence from Public Census Data." *CESifo Economic Studies*, 60(2), 312-337.
19. Bailey, Martha J. (2013). "Fifty Years of Family Planning: New Evidence on the Long-Run Effects of Increasing Access to Contraception." NBER Working Paper, No. 19493.
20. Guttmacher Institute. (2015). *State Policy in Brief: Insurance Coverage of Contraceptives*. [Online]. http://www.guttmacher.org/statecenter/spibs/spib_ICC.pdf.
21. National Conference of State Legislatures. (2010). "Insurance Coverage for Contraception Laws." [Online]. <http://www.ncsl.org/default.aspx?tabid=14384>.
22. IMS – IMS Institute for Healthcare Informatics. (2014, April). *Medicine use and shifting costs of healthcare: A review of the use of medicines in the United States in 2013*. Parsippany, NJ: IMS. [Online]. http://www.imshealth.com/deployedfiles/imshealth/Global/Content/Corporate/IMS%20Health%20Institute/Reports/Secure/IIHI_US_Use_of_Meds_for_2013.pdf.
23. Kost, Kathryn, and Stanley Henshaw. (2014). *U.S. Teenage Pregnancies, Births and Abortion, 2008: National Trends by Age, Race and Ethnicity*. New York: Guttmacher Institute.
24. Ibid.
25. Santelli, John S., et al. (2007). "Explaining Recent Declines in Adolescent Pregnancy in the United States: The Contribution of Abstinence and Improved Contraceptive Use." *American Journal of Public Health*, 97(1), 150-6.
26. Frost, Jennifer J., et al. (2013). *Contraceptive Needs and Services, 2010*. New York: Guttmacher Institute.
27. NCI – National Cancer Institute. (2012). *Oral Contraceptives and Cancer Risk*. [Online]. <http://www.cancer.gov/cancertopics/factsheet/Risk/oral-contraceptives>.
28. NCI. (2015, March.) "Financial Burden of Cancer Care." *Cancer Trends Progress Report*. [Online]. http://progressreport.cancer.gov/after/economic_burden.



Planned Parenthood
Federation of America