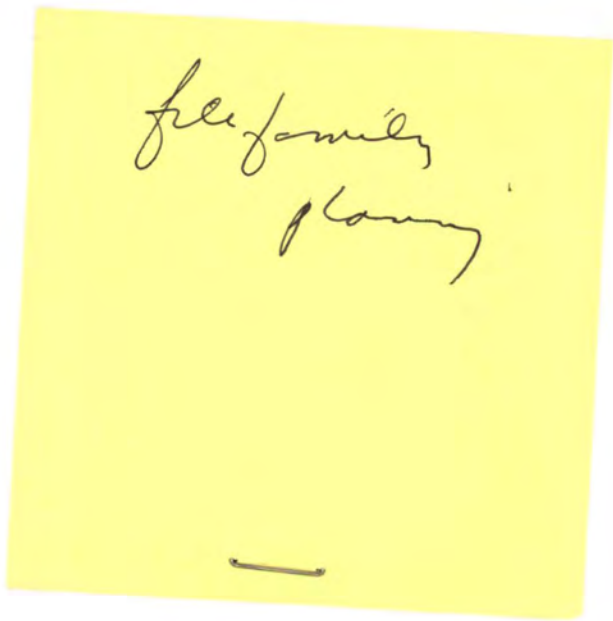
Vital Voices



Clinton Presidential Records
Digital Records Marker

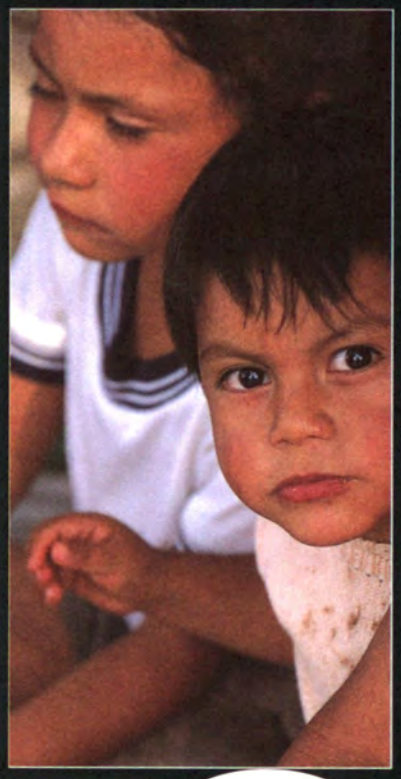
This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

The Rockefeller Foundation

HIGH STAKES



The United States, Global Population and Our Common Future

file Brian's
famplanning

Remarks of
J. Brian Atwood
International Family Planning
Columbia University

N.Y.,N.Y.
February 6, 1997

I want to thank Dean Allan Rosenfield of Columbia and Steve Sinding of the Rockefeller Foundation for sponsoring this event. Both of these individuals have spent an adult lifetime helping people understand the importance of family planning. I thank them for their leadership.

We gather here today because we care deeply about the lives of millions of poor people around the world who have grown to depend upon the American family planning program. Possibly next week Congress will vote on what should be a rather technical issue: will USAID be able to start spending "metered" family planning funds on March 1 or will we have to wait until July 1.

Does that sound straightforward? Well, I wish it were that straightforward. It would appear today that we will once again find ourselves entangled in the so-called Mexico City policy. This Reagan Administration policy, adopted by Executive Order, instructed USAID not to provide family planning resources to any organization that uses its own private resources to provide abortion-related services. The practical effect of this was to deny us the right to work with some of the most effective family planning organizations in the world -- organizations that have worldwide affiliates who would never accept American-dictated rules and who, I should note, are committed to obeying the laws of the countries in which they operate.

Did Mexico City have the effect of changing the policies of these organizations? Absolutely not. Our government cannot extend its control over what organizations do with private funds. In my view, many of these groups would rather collapse than give in on these very private matters.

This vote goes back to a deal made last year during the appropriations process over our funding. The House and Senate leadership and the Administration -- who had reached an impasse over family planning funds -- agreed to a provision that would delay the release of our family planning funds until July of this year. Built into this provision was an agreement that if the President found the delay in funding was adversely affecting our programs, he could send such a finding to Congress and they would vote on whether funds could be released March 1.

Well, for anyone with common sense, it is no surprise that withholding funding adversely affects our family planning programs. The President was unequivocal in asking Congress to release USAID's full funding. He said, "it is my determination that a delay will cause serious, irreversible and avoidable harm. In the balance are the lives and well-being of many thousands of women and children and America's credibility as the leader in family planning programs around the world." The President's finding determined that delaying funding would result in unintended pregnancies, the deaths of mothers and children, and more abortions around the globe -- not less.

So how did delaying our funding -- which will trigger such grave consequences -- become the pet project of every pro-life group in Washington? Certainly, it is not because America's family planning programs somehow cause abortions. Again, let me be unequivocal: family planning prevents abortions.

We know this intuitively -- after all, it is unintended pregnancies, not desired ones, that drive desperate women to take desperate actions. And we know it empirically -- data from countries as socially and religiously diverse as Hungary, Russia, Mexico, and even our own United States show clearly that increases in contraception cause decreases in abortions.

For two decades U.S. population assistance programs have strictly adhered to our law forbidding the use of U.S. funds to support or promote abortions overseas. At USAID we reaffirmed that policy early in the Clinton Administration, maintaining that our programs and resources should be used to help the needy rather than to promote a pro or an anti-abortion view on the sovereign governments of the developing world.

Not one penny of our funding goes to any organization that breaks the laws of the country in which it operates. And our system of audits has documented that no funds have been diverted to illegal ends.

So why then an abortion debate? Maybe the real reason is that the opponents of our funding want to talk about abortion, because they know they can't win a fair discussion on the merits of family planning. Maybe these groups would rather raise the false issue of abortion than to admit that family planning works, is voluntary, and is making the world a better place.

In their report released just last week, the Rockefeller Foundation noted that family planning programs have been one of the greatest success stories of U.S. development assistance. The Rockefeller report noted that these programs have helped

bring family size down from six children to three children. Smaller family size has meant, healthier, better cared for and more economically productive families.

This report points out how we have all benefitted from a world population which is 500 million less than it would have been without this assistance. The Rockefeller report went on to note that by demonstrating our concern for the health and well being of families in the developing world, the United States is advancing its most human and compassionate values.

And yet, as the Rockefeller report also highlights, our 30 year history of non-partisan, constructive engagement in family planning, that has bettered the lives of millions around the world, is under attack as never before. As a result, during the last two years there has been a one-third reduction in the funds appropriated by Congress for international family planning assistance. The administrative restrictions that have been imposed -- the metering of monthly dispersals -- has begun to make our programs less efficient, less responsive to need, less results oriented. And already this has cost us at least one million dollars in red tape and administrative costs.

Is this what our opponents want? To give us taxpayers' dollars and then tie us in knots so our program fails? It is becoming obvious that that is exactly their intention.

But this is not just about the efficient operations of a government agency and its cooperating agencies. This is about human life. This is about the world our children will live in. This is about the global environment. This may even be about war and peace.

The fact is that in the one short hour that we will be here together, the population of the world will increase by nearly another 10,000 people. And those are 10,000 people who will need food, an education, economic opportunities and a chance to help change the world around them. Most of these 10,000 people will be born in the developing world, where competition for scarce resources is already fierce and where hopelessness is a common currency.

It is incumbent upon all of us to look to the world of the twenty first century and to make the small strategic investments today that will prevent crises and make the world more hopeful in the future. A brighter future will not be possible unless we are able to carry forward our commitment to honor a fundamental human right -- the right of all couples and individuals to responsibly decide for themselves the number and timing of their children, free of coercion or constraint.

Without this basic right, how can we expect that fifty percent of humanity who are women will be able to exercise their other rights? In a world where the poorest women struggle under the burden of multiple, closely spaced pregnancies, in a world where women are denied the right to decide whether they want to have more children or not and when they want to have them -- promises of education, employment opportunities, and a secure old age are hollow without family planning.

Global population is not the *only* cause of environmental degradation, famine, economic stagnation, high infant mortality rates and ethnic conflict. But we must recognize the important amplifying effect of rapid population growth on all of these threats to the world today. If we fail to see that smaller, better cared for families are in everyone's best interest, our legacy could well be one of growing disorder, social degradation, and conflict.

Experts on food security tell us that achieving the goal of the recent World Food Summit -- reducing the number of malnourished by half by the year 2015 -- will require coordinated interventions in improving agricultural productivity through research; building vibrant economies through market reforms; meeting basic human needs; and, stabilizing population so that we are not in a continual, and unwinnable, circular race between the numbers of mouths to feeds and the food available to feed them.

Today, there are over 100 million couples in the world who would use family planning if they had access to high quality contraceptive services, but they do not. Compare that to the 290 million couples currently using family planning, and it is obvious that simply filling this unmet need would go a very long way toward improving health and stabilizing world population.

Voluntarism is the essence of USAID's population assistance programs.

Let me be clear, we reject with equal firmness the extremists on both sides: those who would involuntarily impose population control and those who would deny women access to family planning services. The former is the reason we cannot and will not condone the coercive population control policies of the People's Republic of China. The latter is the reason we cannot accept the reimposition of the Mexico City policy.

Avoiding these extremes and focusing instead on meeting basic human needs and supporting informed decision-making is why we have over the past several years built an integrated strategic approach at USAID that stresses five key principles:

- No woman should be forced to become pregnant unless she wishes to bear a child;

- No woman should be put at risk of death as a consequence of pregnancy;

- No family should be forced to face the needless death of a young child;

- No person should have her or his life placed at risk as a consequence of responsible sexual activity; and,

- No person, and particularly no woman, should enter adulthood without the basic educational skills that will enable them to become a part of our global society.

I believe these principles reflect American values. Pursued as a group, they will ensure the reproductive health of women around the world. This is what more than 180 nations at the Cairo International Conference on Population and Development agreed to as the central tenets of reproductive health, and it is what we at USAID have committed ourselves to applying in real life.

Our family planning programs work to ensure that women and men have the information to make informed decisions about the size of their families, and the contraceptives and services to prevent unintended pregnancies.

It is estimated that over 30 million couples around the world are practicing family planning today because of U.S. assistance.

Our maternal health programs work to provide prenatal care and nutrition, to develop effective and low cost ways to identify high risk pregnancies, and to establish low-tech -- but lifesaving -- referrals for women whose lives are in danger from complications of their pregnancies.

Our child survival programs have pioneered the use of oral rehydration, case management for pneumonia, immunization outreach, and micronutrient supplementation, and have demonstrated the most dramatic decreases in child mortality over the shortest time span ever seen.

Our programs to prevent AIDS and other sexually transmitted infections have demonstrated the value of a strategy which aims both at changing high risk sexual behavior and at early detection and treatment of infections, and we are seeing the first evidence of a slowing of the AIDS epidemic in countries from Thailand to Uganda.

And our new commitment to education for girls and women is reflected in the bright smiles of girls at school in the highlands of Guatemala and the eager intensity of young women in the hills of Nepal who are reading their very first words.

Who would oppose these programs? Why would we not act to improve millions of lives when we have the tools right at our fingertips? Because of U.S. leadership in these fields other donor nations have taken on new responsibilities in all of the areas I have discussed to a scale never before seen. Japan, Germany, the European Union, and others have launched significant new initiatives. And many countries that have benefited from the fruits of U.S. population assistance -- from Colombia, to Tunisia, to Thailand -- have moved to self-sufficiency in their family planning and health efforts. Yet allowing our commitment to falter now would be like declaring the relay race won before the baton has been passed.

The world stands poised at the brink of the largest generation in human history.

By the year 2000, demographers estimate the generation having children will not only be the largest there has ever been in the long march of human population growth, it will be the largest there will ever be. We are nearly at the crest of the hill. This means that our challenge, while daunting, is not permanent, and certainly not beyond our reach. But the twenty one million additional young women joining those already of childbearing age in the developing world each year, desperately need our help to assure that they are not condemned to the cycle of unwanted pregnancy, malnutrition, illness and death which had been the lot of too many of their mothers and grandmothers. And after this generation, our work may truly be done.

If we accept our responsibility to complete the job we have started, in the year 2050 we will be able to look on a world in which problems will be progressively more manageable, not less. The actions we take today will decide if the world in 2050 has 9 billion inhabitants or 11 billion.

By slowing population growth, we will give ourselves the opportunity to feed, educate, clothe and house the children of the world. We will help shape a world where democracy and opportunity replace desperation and fear. We will have contributed to a world where every child is a wanted child.

I urge the Congress to release USAID family planning funds. I urge the American people to brush aside the emotional rhetoric about abortion and support a program that is working to make the world a better place for millions of people. And I urge all of you to continue your enlightened work -- to continue caring deeply about people.

The Alan Guttmacher Institute
New York and Washington

A Not-for-Profit Corporation
for Reproductive Health
Research, Policy Analysis
and Public Education

1120 Connecticut Avenue
Suite 460
Washington, DC 20036
Telephone: 202 296-4012
Fax: 202 223-5756
e-mail: policyinfo@agi-usa.org

file

MEMORANDUM

TO: Friends of Family Planning
FROM: Susan Cohen
DATE: January 22, 1998
RE: Promoting Prevention of Unintended Pregnancy

In light of the discussion on January 20th with the First Lady and the Vice President about the Administration's priority on making abortion less necessary by promoting family planning, I thought you would find the attached materials useful.

It is self-evident to most Americans that increased access to effective family planning services and information is the most effective and responsible way to reduce abortion. It is not only a winning message – it is also supported by the data and experiences of women both in the United States and in other countries. The recent AGI study that provoked interest during the meeting reveals the dramatic decline in the unintended pregnancy rate in this country and finds that much of that success is attributable directly to improved contraceptive use. The fact that the abortion rate also dropped steeply during this same time period, then, is not surprising. The data make clear that a large factor in explaining the reduction in the abortion rate is, indeed, the success of family planning.

In addition, "The Role of Contraception in Reducing Abortion" highlights some of the major evidence – from the United States and abroad – that contraception works.

Please feel free to contact me with any questions or to further discuss these issues. I could not agree more with the First Lady and the Vice President that we must work together to promote this unified front to take back the moral and political high ground.

News

A Not-for-Profit Corporation
for Reproductive Health
Research, Policy Analysis
and Public Education
120 Wall Street
New York, NY 10005

The Alan Guttmacher Institute
New York and Washington

Contact: Susan Tew
212/248-1111 (x2208)
info@agi-usa.org

EMBARGOED FOR RELEASE:
SATURDAY. JAN. 17, 1998—6 PM

U.S. UNINTENDED PREGNANCY RATE FALLS 16% SINCE 1987

Improved Contraceptive Use a Major Factor

The rate of unintended pregnancy among women of reproductive age (15–44) in the United States dropped 16%—from 54 to 45 pregnancies per 1,000 women annually—between 1987 and 1994, according to a new study **"Unintended Pregnancy in the United States,"** by The Alan Guttmacher Institute (AGI). As reflected in the overall drop in the unintended pregnancy rate during this period, the abortion rate declined 11% from 27 to 24 abortions per 1,000 women annually (continuing its downward trend since 1980), as did the unintended birth rate, which declined 22% from 27 to 21 births per 1,000 women. (Unintended pregnancies are estimated as the sum of abortions and of births resulting from pregnancies reported as having been unplanned.)

Another measure of unplanned pregnancy—the proportion of all pregnancies that are unintended—dropped 14% between 1987 and 1994. In 1987, 57% of all pregnancies were unplanned; *in 1994, 49% of 5.4 million pregnancies in the United States were unplanned.* Unintended pregnancy is highest among women aged 18–24, and those who are unmarried, low-income, black or Hispanic.

The dramatic decline in unplanned pregnancy has occurred to a large extent as a result of higher contraceptive prevalence and use of more effective methods. For example, condom use has increased significantly and the proportion of women at risk of an unplanned pregnancy using no contraceptive method has gone down. The decline may also begin to explain why all measures of abortion in the United States (rates, ratios and numbers) are falling. It is important, however, to note that unplanned pregnancy in this country continues to be much higher than in most comparable developed countries.

The new study shows how widespread unplanned pregnancy is among U.S. women: 48% of women (15–44) have had at least one unplanned pregnancy in their lives. Twenty-eight percent have had at least one unplanned birth, 30% have had one or more abortions and 11 % have had both. At 1992 abortion rates, 43% of women will have had an abortion by age 45.

"The drop in unintended pregnancy in this country is good news, but half of pregnancies is still half. Whether they end in abortion or unplanned birth, unintended pregnancies come at a cost

both to the people involved and to society. The key to reducing unplanned pregnancy further will be to decrease risky behavior, promote the use of effective contraceptive methods, including emergency contraceptive pills, and improve the effectiveness with which all methods are used," comments study author Stanley K. Henshaw, deputy director of research at AGI.

The study, published in the forthcoming January/February 1998 issue of *Family Planning Perspectives*, presents 1994 estimates of the percentage of births and pregnancies that were unintended, the intended and unintended pregnancy rates, and the proportion of women who have had an unintended birth, an abortion or both. It also provides estimates of the proportion of women who will have had an abortion by age 45 (cumulative first-abortion rate).

The analysis is based on several sources of the most current available data on reproductive behavior, including AGI's 1992 survey of all known abortion providers in the country, AGI's 1994 survey of nearly 10,000 women having abortions and the 1995 National Survey of Family Growth (a periodic nationally representative survey of U.S. women of reproductive age conducted by the National Center for Health Statistics).

The full study presents detailed demographic characteristics of women who have unintended pregnancies, distributed by age, marital status, poverty status, race and ethnicity (see attached tables 1-4). Among key findings:

- 1 in 11 (9%) U.S. women have a pregnancy each year
- 51% of all pregnancies to U.S. women end in planned births, 23% end in unplanned births (either mistimed or unwanted conceptions) and 27% end in abortion
- nearly 5% of women have an unplanned pregnancy each year
- 54% of unintended pregnancies end in abortion and 46% end in birth
- nearly one-third of all births (31%) are unplanned (21% are mistimed and 10% unwanted)
- 60% of women in their 30s have had an unplanned birth or an abortion
- two-thirds of pregnancies to 30–34-year-old women end in planned births
- 15% of 30–39-year-old women have had an unplanned birth and an abortion
- 6 in 10 unintended pregnancies to both women under 15 and over 40 end in abortion
- never-married women have more than twice the unintended pregnancy rate of married women
- low-income women have nearly three times the rate of unintended pregnancy as higher-income women, but are less likely to end their unplanned pregnancies in abortion
- black and Hispanic women have considerably higher rates of unplanned pregnancy than other women but are only somewhat more likely to end these pregnancies in abortion
- 58% of women who had an abortion had been using a contraceptive during the month they became pregnant, as had 48% of those who had an unplanned birth

###

The Alan Guttmacher Institute is a not-for-profit organization for reproductive health research, policy analysis and public education with offices in New York City and Washington, D.C.

Unintended Pregnancy in the United States

by Stanley K. Henshaw

Context: *Current debates on how to reduce the high U.S. abortion rate often fail to take into account the role of unintended pregnancy, an important determinant of abortion.*

Methods: *Data from the 1982, 1988 and 1995 cycles of the National Survey of Family Growth, supplemented by data from other sources, are used to estimate 1994 rates and percentages of unintended birth and pregnancy and the proportion of women who have experienced an unintended birth, an abortion or both. In addition, estimates are made of the proportion of women who will have had an abortion by age 45.*

Results: *Excluding miscarriages, 49% of the pregnancies concluding in 1994 were unintended; 54% of these ended in abortion. Forty-eight percent of women aged 15–44 in 1994 had had at least one unplanned pregnancy sometime in their lives; 28% had had one or more unplanned births, 30% had had one or more abortions and 11% had had both. At 1994 rates, women can expect to have 1.42 unintended pregnancies by the time they are 45, and at 1992 rates, 43% of women will have had an abortion. Between 1987 and 1994, the unintended pregnancy rate declined by 16%, from 54 to 45 per 1,000 women of reproductive age. The proportion of unplanned pregnancies that ended in abortion increased among women aged 20 and older, but decreased among teenagers, who are now more likely than older women to continue their unplanned pregnancies. The unintended pregnancy rate was highest among women who were aged 18–24, unmarried, low-income, black or Hispanic.*

Conclusion: *Rates of unintended pregnancy have declined, probably as a result of higher contraceptive prevalence and use of more effective methods. Efforts to achieve further decreases should focus on reducing risky behavior, promoting the use of effective contraceptive methods and improving the effectiveness with which all methods are used.*

Family Planning Perspectives, 1998, 30(1):24–29 & 46

The relatively high rate of unintended pregnancy in the United States[1] has received increasing attention as the immediate cause of both abortion and unplanned birth. For example, the Institute of Medicine recently published a report that summarized the consequences of unintended pregnancies that are carried to term and urged the adoption of a new national goal that all pregnancies be planned.[2] Improved fertility control would allow women and couples to have children when they feel best prepared socially and financially to assume the responsibilities of parenting.

The most accurate national estimates of unplanned birth have been based on the National Surveys of Family Growth (NSFG), a series of nationally representative surveys that collect detailed reproductive and contraceptive histories and related information from women of reproductive age. A study based on the 1988 NSFG estimated that 57% of pregnancies in 1987 (excluding miscarriages) were unintended; that is, they ended in induced abortion, the woman had wanted no children at that time or she had wanted no more children ever.[3] A study of births to ever-married women found that the proportion of births that were unplanned decreased from 38% in 1969–1973 to 32% in 1978–1982, then increased again to 35% in 1984–1988.[4] Another study comparing the 1982 and 1988 NSFG survey results found that there had been no change in the unintended pregnancy rate between 1982 and 1987, but that the unintended birth rate had increased from 25 per 1,000 women aged 15–44 to 27 per 1,000, while the abortion rate fell by a similar amount.[5] An earlier study based on the 1982 NSFG concluded that 46% of women aged 15–44 at the time of the survey had experienced one or more unintended pregnancies and that at 1982 rates, 46% would have at least one abortion by age 45.[6]

The publication of data from the 1995 NSFG[7] provides information on the intendedness of births during the five years preceding the 1995 survey interviews, and can be used as the basis of an updated report on unintended pregnancy. In this article, we assess the prevalence of unintended pregnancy during this period, the changes from 1987 to 1994 and the effect of changes in unintended pregnancy rates on rates of abortion and unplanned birth.

Data and Methodology

Data from the 1995 NFSG and from other sources are used to present estimates, for 1994, of the percentage of births and pregnancies that were unintended, the intended and unintended pregnancy rates, and the proportion of women who have ever had an unintended birth, an abortion or both. In addition, we have calculated the proportion of women who, at 1992 rates, will have had an abortion by age 45. For this analysis, unintended pregnancies were estimated as the sum of abortions and of births resulting from pregnancies reported as having been unintended.

Births

The most recent national data on the planning status of births come from the NSFG, a periodic fertility survey. In addition to the 1995 survey, we also use data from NSFGs conducted in 1982 and 1988.

The 1995 NSFG interviewed a nationally representative probability sample of 10,847 civilian women aged 15–44.[8] Interviews were conducted between January and October 1995 and included questions on the planning status of each pregnancy experienced by a respondent. Following the NSFG definition, births were categorized as unplanned if the woman had been practicing contraception when she became pregnant, if she had not wanted to become pregnant until a later time or if she had wanted no more children ever. The pregnancy was considered intended if the woman had not been practicing contraception and reported that she had not cared whether she became pregnant. The small number of births for which intention status was undetermined (0.3%) were distributed proportionally.

Stanley K. Henshaw is deputy director of research with The Alan Guttmacher Institute, New York (AGI). The research on which this article is based was funded by the Andrew W. Mellon Foundation and The Rockefeller Foundation. The author thanks his colleagues in the research department of AGI: Haishan Fu, for calculations of contraceptive use; Suzette Audam, for programming; and Yvette Cuca, Taylor Haas and Shelby Pasarell, for research assistance.

This information was used to determine the proportion of unplanned births among NFSG respondents in the five years preceding the interview. We chose the five-year period to ensure that the sample size would be large enough to yield a stable proportion. We estimated the number of unplanned births in the United States by multiplying the resulting proportion with the number of births reported in 1994 by the National Center for Health Statistics (NCHS).[9]

We also estimated unplanned births for 1994 according to the mothers' age, marital status, poverty status, race, ethnicity and contraceptive use during the month of conception. Since the number of births by poverty status is not published by the NCHS, we used the poverty distribution of births, as tabulated from the NSFG. Births to unmarried women are reported by the NCHS, but we used NSFG tabulations to further categorize these women as formerly married or never-married.

For 1981 and 1987, the proportions of unplanned births were taken from published 1982 and 1988 NSFG results[10] and applied to the numbers of births in 1981 and 1987.[11] While the NSFG coded the woman as married or unmarried for each birth, it did not include a category for formerly married women. For this reason, we were unable to calculate marital status for 1981.

Finally, using the 1995 NSFG data, we estimated the proportion of U.S. women in 1994 who had ever had an unplanned birth. In the interests of simplicity and comparability with other published data, the results for all analyses are presented according to the age and marital status of the woman at the time of the birth or abortion, rather than her age and marital status at the time of conception. Similarly, the year shown is the year of pregnancy outcome, not the year of conception.

Abortions

In calculating the number of unintended* pregnancies, it was assumed that all pregnancies ending in abortion were unwanted, although a small proportion of abortions may have occurred among initially wanted pregnancies. This may have happened for any number of reasons, including health problems experienced by the woman or the fetus or changes in the woman's circumstances, sometimes resulting from the loss of her partner or lack of support.[12]

To calculate the number of unintended pregnancies in 1994, we needed an estimate of the total number of abortions that occurred during the year and data on the characteristics of women who had abortions. The total number of abortions performed nationally is compiled through periodic surveys of abortion providers conducted by The Alan Guttmacher Institute.[13] However, this provided abortion estimates only through 1992, the most recent year covered by the surveys. For 1993 and 1994, we projected totals from trends in the number of abortions in published and unpublished reports from state health statistics agencies. We used information only from states with consistent data collection procedures in the two adjacent years (42 states and the District of Columbia to project 1993 totals from the 1992 data, and 43 states and the District of Columbia to project 1994 totals from the 1993 data).

The age, marital status, race and ethnicity of women who had had abortions were based on percentage distributions compiled from state health department reports by the Centers for Disease Control and Prevention (CDC),[14] with adjustments for year-to-year changes in the reporting states.† For 1994, we separated unmarried women who had had abortions into subcategories of never-married and formerly married women and derived the distribution of abortions by women's poverty status according to data from a 1994–1995 national survey of 9,985 abortion patients.[15] For 1987, we took the distribution of abortions by marital status from a similar survey of 9,480 abortion patients in that year.[16]

Because abortions are underreported in population surveys,[17] we decided not to use NFSG data on the number of women in each age-group who had ever had an abortion, a procedure that would have resulted in a serious underestimate. Instead, we made estimates from national abortion statistics, a complicated task since a woman aged 35 in 1994 could have had an abortion in any year since 1973, placing her in a number of possible age-groups. In addition, we wished to avoid counting more than once the many women who have had more than one abortion.

The first step in estimating the number of women in each age-group who have had an abortion was to estimate the number of abortions that occurred in each year according to single year of age. We started with the number of abortions by five-year age-groups (with single-year groupings for teenagers) for each year during 1973–1994, derived from CDC reports with adjustments as described above. To distribute the five-year groups to single years of age, we used microdata tapes compiled by the NCHS for 1980, 1983, 1985, 1986 and 1988–1992.‡ Each tape contains data on more than 280,000 abortions in 12 or more states. We used tabulations of these abortions by single year of age to break down national five-year age-groups into single-year categories. For years lacking an NCHS tape, we interpolated or projected figures.

We also used the tape tabulations to calculate for each year during 1973–1994 the proportion of first-time abortions within each single-year age-group. First, we multiplied the number of abortions by the proportions we had derived from the tapes in order to arrive at an initial estimate for each year of first abortions for each single year of age. We then adjusted the numbers of first abortions in each single-year age category so that the sum for each year was equal to the total number of first abortions previously estimated for that year from CDC data. To estimate the cumulative number of first abortions that took place during 1973–1994 for each age cohort, we added together the number of first abortions that each age-group would have experienced for each year during this period. We then divided this total by the number of women in that age-group in the population in 1994 to arrive at the proportion of U.S. women in each age-group who had ever had an abortion.

Our estimates of the number of first abortions are subject to several possible sources of error: The states included in the NCHS tapes may not have been completely representative of all women having abortions; some women may not have reported their prior abortions to the abortion provider; some of the women who had first abortions died before 1994 and should not have been counted; and some immigrants may have had abortions before coming to the United States.§ Nevertheless, the results provide an approximate picture of the past abortion experience of U.S. women since the 1973 *Roe* v. *Wade* decision.

Unintended Pregnancy

We estimated the proportion of women who have ever had an unintended preg-

*"Unintended" and "unplanned" are used interchangeably in this article.

†For a detailed description of the methods for estimating the number of abortions according to women's characteristics, see Henshaw SK and Van Vort J, *Abortion Factbook, 1992 Edition: Readings, Trends, and State and Local Data to 1988*, New York: The Alan Guttmacher Institute, 1992, p. 164.

‡For a description of the 1988 data file, see Kochanek KD, Induced terminations of pregnancy: reporting states, 1988, *Monthly Vital Statistics Report*, 1991, Vol. 39, No. 12, Supplement. The NCHS used the same procedures to compile each data file.

§The number of immigrants exceeded the number of deaths, resulting in an increase by 3–4% of the number of women in each age cohort between 1980 and 1990.

Table 1. Estimated number of pregnancies (excluding miscarriages), percentage distribution of pregnancies, by outcome and intention, and selected measures of unintended pregnancy, all by characteristic, 1994

Characteristic	No. of pregnancies	% distribution of pregnancies				% of births that were unintended	% of pregnancies that were unintended	% of unintended pregnancies that ended in abortion	Pregnancy rate*		
		Intended births	Unintended births	Abortions	Total				Total	Intended	Unintended
Total	**5,383,800**	**50.8**	**23.0**	**26.6**	**100.0**	**30.8**	**49.2**	**54.0**	**90.8**	**46.1**	**44.7**
Age at outcome											
<15†	25,100	18.3	33.2	48.5	100.0	64.5	81.7	59.4	13.7	2.5	11.2
15–19	781,900	22.0	42.7	35.3	100.0	66.0	78.0	45.3	91.1	20.0	71.1
15–17	306,100	17.3	46.5	36.2	100.0	72.9	82.7	43.8	59.0	10.2	48.8
18–19	475,800	25.0	40.2	34.8	100.0	61.7	75.0	46.4	140.3	35.1	105.2
20–24	1,479,500	41.5	26.2	32.3	100.0	38.7	58.5	55.2	164.1	68.1	96.0
25–29	1,405,200	60.3	17.2	22.5	100.0	22.2	39.7	56.7	147.0	88.7	58.4
30–34	1,111,400	66.9	14.6	18.4	100.0	18.0	33.1	55.7	100.0	66.9	33.1
35–39	482,400	59.2	17.9	23.0	100.0	23.2	40.8	56.3	43.7	25.9	17.8
≥40‡	98,300	49.3	17.9	32.8	100.0	26.7	50.7	64.7	9.9	4.9	5.0
Marital status at outcome											
Currently married§	3,003,900	69.3	19.3	11.3	100.0	21.8	30.7	37.0	95.2	66.0	29.2
Formerly married	356,700	37.5	21.8	40.7	100.0	36.8	62.5	65.1	64.7	24.3	40.4
Never-married	2,023,100	22.3	31.0	46.7	100.0	58.2	77.7	60.1	91.0	20.3	70.8
Poverty status**											
<100%	1,358,000	38.6	31.3	30.1	100.0	44.8	61.4	49.0	143.7	55.4	88.3
100–199%	1,292,500	46.8	27.7	25.4	100.0	37.2	53.2	47.9	115.2	53.9	61.2
≥200%	2,733,200	58.8	15.9	25.4	100.0	21.3	41.2	61.5	70.8	41.6	29.2
Race											
White	3,981,700	57.1	21.2	21.6	100.0	27.1	42.9	50.4	82.7	47.3	35.5
Black	1,130,700	27.7	28.6	43.7	100.0	50.8	72.3	60.4	136.7	37.8	98.9
Other	271,400	50.0	22.0	28.0	100.0	30.5	50.0	56.0	93.9	46.9	46.9
Ethnicity											
Hispanic	900,200	51.4	22.4	26.1	100.0	30.4	48.6	53.8	143.0	73.5	69.4
Non-Hispanic	4,483,600	50.7	22.6	26.7	100.0	30.9	49.3	54.1	84.6	42.9	41.7

*Pregnancy rates for this category are expressed as per 1,000 women aged 15–44, except for rates for age-groups. †Denominator for rates is women aged 14. ‡Numerator for rates is women aged 40 and older; denominator is women aged 40–44. §Includes separated women. **Percentage of federal poverty level at time of interview. In 1994, the federal poverty level was $17,020 for a family of four. *Note:* Intention status of births is based on births in the five years before the 1995 interview.

nancy by first adding the number of women who had had an unplanned birth to the number who had had an abortion, and then subtracting those who were counted twice because they had had both an unplanned birth and an abortion. Tabulations of the NSFG indicate that the proportion of women who have had an unintended birth and also reported having had an abortion ranged from 9% among women aged 15–19 to 28% among women aged 30–34. Since comparisons with national data indicate that the actual number of abortions experienced is about 56% higher than the number reported in the NSFG for the period 1976–1994,[18] we used this figure as a correction factor and adjusted the proportion experiencing both unintended birth and abortion upward for each age-group. Since the rate of abortion underreporting was the same for women younger than 35 and those aged 35–44, we used the same correction factor in all age-groups.[19]

Miscarriages

Except where otherwise specified, we excluded miscarriages from all calculations of the number of pregnancies and of pregnancy rates. With miscarriages omitted, the proportion of unintended pregnancies that ended in abortion reflects actual decisions to terminate or continue pregnancies. In addition, it assures that all tables in this article are consistent, since it would be difficult to calculate the proportion of women who have ever had an unintended pregnancy while at the same time taking into account the overlap between women who have had unintended pregnancies that ended in miscarriage, birth and abortion. (However, the number of miscarriages after 6–7 weeks of pregnancy—the point at which miscarriages are likely to be noted by the woman—can be estimated by adding 20% of births to 10% of abortions.[20] Miscarriages may also be estimated using NSFG data.[21])

Results

Rates and Outcomes

Approximately 3.95 million births and 1.43 million abortions occurred in 1994, for a total of 5.38 million pregnancies, not including miscarriages. (Use of the estimation procedure mentioned above produces an estimated 930,000 miscarriages during the year as well.) The largest number of pregnancies occurred among women aged 20–29, among currently married women, among those with an income 200% or more of the federal poverty level, and among white and non-Hispanic women (Table 1).

During the five years preceding the 1995 NSFG interview, 31% of births were reported as unintended—that is, the woman did not want to have children when she did (21%) or wanted no more births ever (10%). Applying the same proportions to 1994 births, we estimated that 1.22 million births resulted from unintended pregnancies. Adding abortions, there were 2.65 million unintended pregnancies, or 49% of all pregnancies for that year. (If we include an estimated 390,000 miscarriages that would have otherwise ended in abortion or unintended birth, we find that a total of 3.04 million unintended pregnancies occurred during 1994.) Of all pregnancies in 1994 (excluding miscarriages), 23% ended in unintended births and 27% in abortions. Thus, among women who experienced an unintended pregnancy in 1994 (excluding miscarriages), 54% had an abortion and 46% carried the pregnancy to term.

Forty-eight percent of the women who had an unplanned birth had been using a contraceptive method during the month

Table 2. Estimated rates of unintended pregnancies, unintended births and abortions per 1,000 women, age and marital status, and percentage of unintended pregnancies ended by abortion, by characteristic, 1981, 1987 and 1994

Characteristic	Unintended pregnancy			Unintended birth			Abortion			% ended by abortion		
	1981	1987	1994	1981	1987	1994	1981	1987	1994	1981	1987	1994
Total	**54.2**	**53.5**	**44.7**	**25.0**	**26.6**	**20.9**	**29.2**	**26.9**	**24.1**	**53.9**	**50.3**	**54.0**
Age at outcome												
15–19	78.1	79.3	71.1	35.2	37.1	38.9	42.9	42.2	32.2	54.9	53.2	45.3
20–24	93.6	102.7	96.0	42.3	50.2	43.0	51.4	52.5	53.0	54.8	51.1	55.2
25–29	60.6	66.1	58.4	29.3	35.4	25.3	31.3	30.8	33.1	51.6	46.5	56.7
30–34	37.0	37.3	33.1	19.3	19.3	14.6	17.7	17.9	18.4	47.8	48.2	55.7
35–39	15.0	18.8	17.8	5.5	9.0	7.8	9.5	9.8	10.0	63.5	52.2	56.3
≥40*	4.3	5.3	5.0	0.9	2.4	1.8	3.4	2.9	3.2	78.2	54.3	64.7
Marital status at outcome												
Currently married†	u	41.5	29.2	u	29.8	18.4	u	11.7	10.8	u	28.2	37.0
Formerly married	u	54.6	40.4	u	19.0	14.1	u	35.7	26.3	u	65.3	65.1
Never married	u	71.5	70.8	u	23.2	28.2	u	48.2	42.5	u	67.5	60.1

*Numerator for rates is women aged 40 and older; denominator is women aged 40–44. †Includes separated women. *Notes*: All measures exclude miscarriages. The intention status of births is based on births in the five years before the interviews in 1988 and 1995 and in the four years before the 1982 interview. u=unavailable.

they became pregnant,* as had 58% of those who had abortions (not shown). For all unintended pregnancies combined, slightly more than half (53%) of the women had been using a method. Of the contraceptive users, 58% ended their pregnancies by abortion, compared with 49% of nonusers who had accidental pregnancies. (When the estimated number of unintended pregnancies that ended in miscarriage is included, the percentage of women who were using a method remains at 53%, but among contraceptive users, we estimate that 51% had abortions, 37% had births and 12% had miscarriages; among nonusers, we estimate that 43% had abortions, 44% had births and 13% had miscarriages.) Thus, contraceptive users appear to have been more motivated to prevent births than were nonusers, although many nonusers did have abortions.

The proportion of all pregnancies that were unintended varied sharply by age, with teenagers younger than 18 having the highest percentage (82–83%). The proportion decreased with rising age, dropping to 33% among women aged 30–34, and then increased again, reaching 51% among women aged 40 and older. Some 44% of teenagers aged 15–17 ended their unintended pregnancies by abortion, the lowest proportion in any age-group. (The relatively high proportion among women younger than 15 is misleading because it excludes the pregnancies of 14-year-olds that ended in births at age 15. It also excludes pregnancies to 14-year-olds that ended in abortion at age 15, but there are relatively few of these.) The proportion was also relatively low for women aged 18–19 (46%), and was highest among women older than 40 (65%).†

The unintended pregnancy rate shows that for every 1,000 women aged 15–44, about 45 had an accidental pregnancy during 1994 (or nearly 5%). Among women aged 15–17, the rate was similar to that for all women. It peaked at 105 per 1,000 among women aged 18–19, then dropped sharply with age. At these rates, a cohort of 100 women will have experienced 142 unintended pregnancies, or about 1.42 per woman, by the time they are 45 (not shown).

The intended pregnancy rate was about the same as the unintended rate (46 per 1,000), having increased from 40 per 1,000 in 1987 and 43 per 1,000 in 1981 (not shown). The age pattern of intended pregnancy, however, was very different from that of unintended pregnancy: Intended pregnancy was much higher than unintended pregnancy among women aged 25–39 and much lower than unintended pregnancy among teenagers. Each year, 1% of all women aged 15–17 had an intended pregnancy.

Among married women, 31% of pregnancies were unintended, compared with 63% among formerly married women and 78% among never-married women. Only 37% of married women who had unintended pregnancies ended them by abortion, compared with 60–65% of unmarried women. The pregnancy rate among never-married women (91 per 1,000) was about the same as that of married women (95 per 1,000). The outcomes of these pregnancies reflect differences in intention status for these groups, however: Almost half of pregnancies among formerly and never-married women ended in abortion (47% and 41%, respectively), compared with only 11% of those among married women.

Women's poverty status (defined as the ratio of family income to the federal definition of poverty)‡ was strongly associated with the unintended pregnancy rate but only weakly associated with the rate of intended pregnancy. Among women in poverty, pregnancies were more likely than among higher income women to be unintended and to end in unplanned births, and were slightly more likely to end in abortions. The overall pregnancy rate declined with increasing income, and this trend resulted mainly from the higher rate of unintended pregnancy among poor women. The proportion of poor women's unintended pregnancies that ended in abortion was similar to the proportion among women living at 100–199% of the poverty level, and was less than that among women whose income was 200% or more of the poverty level.

The differences between white and black women generally paralleled those between high- and low-income women: Compared with white women, black women had a higher pregnancy rate. The higher pregnancy rate for black women resulted from an unintended pregnancy rate that was almost three times that of white women. Because black women's unintended pregnancy rate was so high, the proportion of these women's pregnancies that ended in abortion (44%) was much higher than that of white women (22%).

On all measures, women of other races fell between white and black women, usually closer to white women. Hispanic women had a much higher rate of both intended and unintended pregnancy than

*Based on NFSG tabulations of births that were conceived after January 1, 1991, and that took place before the interview. For abortion data, see reference 15.

†These figures are based on the age of the woman when the pregnancy ended, not her age at conception. Adjustment to age at conception would lower the proportions for women younger than 20 and raise them for women older than 30.

‡In 1994, the federal poverty level was $17,020 for a family of four.

Table 3. Percentage of women who have ever had at least one unplanned birth, abortion or unintended pregnancy, by age-group, 1994

Age	≥1 unplanned births	≥1 abortions*	Both birth and abortion	≥1 unintended pregnancies†
Total	**28.4**	**29.9**	**10.6**	**47.7**
15–19	6.1	7.0	0.9	12.2
20–24	22.5	26.3	7.4	41.4
25–29	28.5	37.3	10.8	55.1
30–34	33.7	40.2	14.8	59.2
35–39	36.6	38.3	14.9	60.0
40–44	38.1	25.0	12.7	50.4

*Since 1973. †Excludes miscarriages.

did non-Hispanic women, but the percentage of unintended pregnancies and births and the distribution of outcomes were almost identical for Hispanic and non-Hispanic women.

Trends

There have been significant changes over time in the frequency of unintended pregnancy and in the resolution of such pregnancies, especially since 1987. Between 1981 and 1987, the unintended pregnancy rate changed little, but from 1987 to 1994, the rate dropped 16%, from 54 per 1,000 to 45 per 1,000 (Table 2, page 27). As a result, the rates of both unintended births and abortions fell between 1987 and 1994, but the drop was greater for unintended births (6 per 1,000) than for abortions (3 per 1,000). Consequently, the proportion of unintended pregnancies ended by abortion increased from 50% to 54%.

The changes differed markedly by age-group, especially when teenagers were compared with women aged 20 and older. Between 1981 and 1987, the unintended pregnancy rate and birthrate changed little among teenagers but increased among all women aged 20 and older, except among women aged 30–34. Changes in abortion rates were very small during this period. From 1987 to 1994, the rate of unintended pregnancy fell among all age-groups, although the change was small among women aged 35 and older. Among teenagers, the drop in unintended pregnancy affected only the abortion rate, which fell by 24% (from 42 per 1,000 to 32 per 1,000), while the rate of unintended births actually increased slightly (from 37 per 1,000 to 39 per 1,000). Among all other age-groups, the abortion rate increased slightly or stayed the same, while the rate of unintended births fell significantly as a consequence of the reduced rate of unintended pregnancy. In 1994, teenage women were less likely than women in any other age-group to end an unintended pregnancy by abortion, whereas in earlier periods teenagers have been similar to other women in this respect.

Between 1987 and 1994, currently and formerly married women experienced reductions in unintended pregnancy that were reflected in decreases both in the rate of unintended birth and in that of abortion. Among married women, the proportion of unintended pregnancies that ended in abortion increased from 28% to 37%. Never-married women, on the other hand, reported an increase in unintended births that was approximately equal to the decrease in abortions in this group, and the proportion of unintended pregnancies that ended in abortion declined.

All three income groups experienced a decrease in the proportion of pregnancies that were unintended (not shown).[22] The proportion of unintended pregnancies that ended in abortion remained about the same among women in the lowest income group, decreased among those in the middle income group and increased sharply among women in the highest income category.

Lifetime Experiences

Over their lifetime, the proportion of women experiencing an unintended pregnancy is substantial, even when the proportion in any one year is small. Of the women aged 15–44 who were surveyed in the 1995 NFSG, 28% indicated that they had had one or more unplanned births, and based on national abortion statistics, 30% of women had had one or more abortions (Table 3). The probability of having experienced an unplanned birth increased with age, largely because of the increased years of exposure to pregnancy risk. By the time they were 40–44, 38% of the women surveyed had had this experience.

Similarly, the probability of having had an abortion also increased with age, rising from 7% among women aged 15–19 to 40% among women aged 30–34. The proportion was lower among women older than 34 because this research did not attempt to include abortions before 1973, when these women experienced their highest-risk years (ages 15–24). Overall, 11% of all women had had both at least one unplanned birth and at least one abortion. Among women in their 30s, this proportion was 15%.

About 48% of all women aged 15–44 had ever had an unintended pregnancy (either an unplanned birth or an abortion, or both). The percentage increased with age, to a high of 60% among women 35–39. Although the percentage was lower among women aged 40–44, this figure may be understated, again because neither legal nor illegal abortions that occurred before 1973 were counted in this estimate.

Although we know how many women in each age-group had already had an unintended pregnancy, we cannot say exactly how many will have one by age 45, because of the difficulties of estimating the proportion of women having a first abortion who have previously had an unplanned birth and, of those having an unplanned birth, the proportion who have had an abortion. However, we were able to make lifetime abortion estimates at 1992 rates, the most recent year for which data were available (Table 4).*

We estimated the first-abortion rate by applying the 1992 proportion of first abortions for each age-group to the abortion rate for that age-group. The cumulative first-abortion rate indicates the number of women per 1,000, at 1992 rates, who will

Table 4. Abortion rate per 1,000 women and percentage of abortions that were first abortions, and first-abortion and cumulative first-abortion rates, by year, all according to age-group

Age	Abortion rate in 1992	% that were first abortions in 1992	First-abortion rate		Cumulative first-abortion rate*	
			1982	1992	1982	1992
Total	**25.9**	**.530**	**17.8**	**13.7**	**na**	**na**
<15†	7.6	.942	7.8	7.2	7.8	7.2
15–17	23.1	.855	26.0	19.7	85.8	66.4
18–19	53.8	.722	45.4	38.9	176.6	144.1
15–19	35.5	.760	34.1	27.0	176.6	144.1
20–24	56.3	.541	30.3	30.5	328.1	296.5
25–29	33.9	.419	15.7	14.2	406.6	367.5
30–34	19.0	.393	7.1	7.5	442.1	404.8
35–39	10.4	.405	2.8	4.2	456.1	425.9
40–44‡	3.2	.453	0.7	1.4	459.6	433.1

*Number having an abortion by end of specific age-period, per 1,000 women, at current rates. †Denominator for rates is women aged 14. ‡Numerator for rates is women aged 40 and older; denominator is women aged 40–44. *Note:* na=not applicable. *Sources:* **1982 DATA**—See reference 6.

*Information on the proportion of first abortions by age is unavailable for years since 1992. For calculating the lifetime experience of abortion for Table 3, we assumed that the 1993 and 1994 proportions of first abortion were similar to those for 1992, since small errors would have little effect on the results. The cumulative first abortion rate, however, depends entirely on these proportions, which are only accurate for 1992.

have had a first abortion by the time they reach the end of the age range. At these rates, 14% of women can expect to have had an abortion before age 20, 37% by age 30 and 43% by age 45.*

The 1992 cumulative lifetime first-abortion rate was slightly lower than the 1982 cumulative rate (46%),[23] and the rate may be still lower today, since abortion rates fell somewhat between 1992 and 1994. The drop between 1982 and 1992 was almost entirely the result of the lower first-abortion rate among teenagers, which fell by seven percentage points; the first-abortion rate among other age-groups changed by no more than two percentage points.

Discussion

Although it is well known that unintended pregnancy is common in the United States, the statistics presented in this article show just how widespread the experience is: Half of all pregnancies are unintended; 28% of women aged 15–44 have had an unplanned birth and 30% have had an abortion; 60% of women in their 30s have had an unplanned birth or an abortion; and, at 1992 rates, 43% of women will have had an abortion by age 45. Some of the women who are most prone to unintended pregnancy, especially unmarried and low-income women, are those who may have the greatest difficulty caring for an unanticipated child.

In spite of the disruption that can be caused by an unplanned birth, only about half of unintended pregnancies are terminated by abortion. A majority of married women (63%) continue their unintended pregnancies, possibly because they find it easier to accommodate an additional child than do unmarried women. However, 35% of formerly married women and 40% of never-married women also continue their unplanned pregnancies.

Between 1987 and 1994, the rate of unintended pregnancy fell from 54 pregnancies per 1,000 women of reproductive age to 45 per 1,000, a decrease of 16%. A likely explanation for the decline in unintended pregnancy is an increase in widespread and effective contraceptive use. The 1995 NSFG data show that condom use has increased significantly, and that the proportion of contraceptive nonusers among women at risk of unintended pregnancy has gone down.[24] Another possible factor is the availability of two new highly effective contraceptives, the implant and the injectable. In part because Medicaid pays for these methods, many of the women who adopted them were at especially high risk of unintended pregnancy—even when they were using other reversible methods. Therefore, use of the new methods may have prevented a disproportionate number of pregnancies.

Overall, the drop in unintended pregnancy between 1987 and 1994 is reflected in decreases in the rates of both unplanned birth and abortion. Further progress is needed, however. In view of the lower rates of unintended pregnancy in other developed countries,[25] such progress should be possible.

Among women aged 20 and older, the reduction in unintended pregnancy resulted in lower rates of unplanned birth. Abortion rates in this group changed little or increased slightly. Thus, the percentage of unintended pregnancies ended by abortion increased, indicating that women and couples had become less willing to accept unplanned births. One reason for the change is that a higher proportion of women in each age-group were not currently married. Among unmarried women, 60–65% resolved unintended pregnancies by abortion, compared with 37% among married women. Of women aged 25–29, the proportion who were currently married and living with their husband fell from 59% in 1987 to 53% in 1994.[26] Even within the married group, however, more women ended their unintended pregnancies by abortion in 1994 than did so in 1987. One possible reason may be married couples' increased reliance on the woman's earnings.

The pattern among teenagers is remarkably different. Among women aged 15–19 who had an unwanted pregnancy, the proportion who ended these pregnancies by abortion fell from 53% to 45%. The abortion rate declined 24%, while the rate of unplanned birth did not decline at all—and may have increased slightly. In the absence of data, any explanation of the differences between teenagers and other age-groups is speculative. One hypothesis is that teenagers may have been influenced by antiabortion messages. Other possible reasons are decreased access to abortion services, barriers posed by parental involvement statutes, and use of better contraceptive methods (such as the injectable and implant) by those teenagers who are strongly motivated to avoid childbearing, leaving unplanned pregnancies more concentrated among those less motivated to avoid childbearing.

Whether they end in abortion or unplanned birth, unintended pregnancies come at a cost both to the individuals involved and to the larger society. Reduction of unplanned pregnancy can only be achieved by decreasing risky behavior, promoting the use of effective contraceptive methods and improving the effectiveness with which all methods are used. More research is needed on the best ways to accomplish these goals, but we know that sensible strategies are to improve the accessibility of contraceptive services, to dispel misconceptions about the health risks of contraception and to make emergency contraception easily available and widely known.

*In the future, one can expect that for women having abortions at age 35 or older, a lower proportion will be having a first abortion, since a greater proportion of their reproductive lives will have occurred while legal abortion has been available. If we assume that the proportion of first abortions was .35 for women aged 35–39 and .30 for women aged 40–44, the cumulative abortion rate for women aged 45 will be 428 per 1,000, similar to the rate of 433 per 1,000, shown in Table 4.

References

1. Jones EJ et al., *Pregnancy, Contraception and Family Planning Services in Industrialized Countries*, New Haven: Yale University Press, 1989.

2. Brown SS and Eisenberg L, *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*, Washington, DC: National Academy Press, 1995.

3. Forrest JD, Epidemiology of unintended pregnancy and contraceptive use, *American Journal of Obstetrics and Gynecology*, 1994, 170(5):1485–1489, Table I.

4. Williams LB and Pratt WF, Wanted and unwanted childbearing in the United States: 1973–88, *Advance Data from Vital and Health Statistics*, 1990, No. 189.

5. Forrest JD and Singh S, The sexual and reproductive behavior of American women, 1982–1988, *Family Planning Perspectives*, 1990, 22(5):206–214

6. Forrest JD, Unintended pregnancy among American women, *Family Planning Perspectives*, 1987, 19(2):76–77.

7. Abma JC et al., Fertility, family planning, and women's health: new data from the 1995 National Survey of Family Growth, *Vital and Health Statistics*, 1997, Series 23, No. 19.

8. Ibid.

9. Ventura SJ et al., Advance report of final natality statistics, 1994, *Monthly Vital Statistics Report*, 1996, Vol. 44, No. 11, Supplement.

10. Forrest JD and Singh S, 1990, op. cit. (see reference 5), p. 212, Table 8; and Forrest JD, 1994, op. cit. (see reference 3).

11. National Center for Vital and Health Statistics (NCHS), Advance report of final natality statistics, 1981, *Monthly Vital Statistics Report*, 1983, Vol. 32, No. 9, Supplement; and NCHS, Advance report of final natality statistics, 1987, *Monthly Vital Statistics Report*, 1989, Vol. 38, No. 3, Supplement.

12. Torres A and Forrest JD, Why do women have abortions? *Family Planning Perspectives*, 1988, 20(4):169–176.

13. Henshaw SK and Van Vort J, Abortion services in the United States, 1991 and 1992, *Family Planning Perspectives*, 1994, 26(3):100–106 & 112.

14. Koonin L et al., Abortion surveillance—United States, 1993 and 1994, *Morbidity and Mortality Weekly Report*, 1997, 46(SS-4):37–98, and earlier volumes.

(continued on page 46)

Unintended Pregnancy...

(continued from page 29)

15. Henshaw SK and Kost K, Abortion patients in 1994–1995: characteristics and contraceptive use, *Family Planning Perspectives*, 1996, 28(4):140–147 & 158, Table 1.

16. Henshaw SK and Silverman J, Characteristics and prior contraceptive use of abortion patients, *Family Planning Perspectives*, 1988, 20(4):158–168, Table 2.

17. Jones EF and Forrest JD, Underreporting of abortion in surveys of U.S. women: 1976 to 1988, *Demography*, 1992, 29(1):113–126.

18. Fu H et al., Measuring the extent of abortion underreporting in the 1995 National Survey of Family Growth, unpublished paper, New York: The Alan Guttmacher Institute, 1997.

19. Ibid.

20. Leridon H, *Human Fertility: The Basic Components*, Chicago: University of Chicago Press, 1977, Table 4.20.

21. Ventura SJ et al., Trends in pregnancies and pregnancy rates: estimates for the United States, 1980–92, *Monthly Vital Statistics Report*, 1995, Vol. 43, No. 11, Supplement.

22. Forrest JD, 1994, op. cit. (see reference 3).

23. Forrest JD, 1987, op. cit. (see reference 6).

24. Finer L and Zabin LS, Does the timing of the first family planning visit still matter? *Family Planning Perspectives*, 1998, 30(1):30–33 & 42.

25. Jones EJ et al., 1989, op. cit. (see reference 1).

26. U.S. Bureau of the Census, Marital status and living arrangements: March 1987, *Current Population Reports*, 1988, Series P-20, No. 423, Table 1; and Saluter AF, Marital status and living arrangements: March 1994, *Current Population Reports*, 1996, Series P-20, No. 484, Table 1.

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

Issues in Brief

The Role of Contraception In Reducing Abortion

Following the 1994 election, which gave social conservatives a majority in the U.S. House of Representatives for the first time in 40 years, emboldened leaders of the antiabortion movement began to campaign openly against government-subsidized family planning programs. In a preview of the legislative assaults to come against both the international and domestic programs, House Pro-Life Caucus Chairman Christopher Smith (R-NJ) declared in January 1995 that he opposed U.S.-supported family planning efforts abroad because they lead to "abortion activism" and, by implication, result in more rather than fewer abortions.

The "evidence" for his claim derives in part from a misunderstanding of the data. Following the introduction of family planning programs, contraceptive use and abortion rates in some countries have initially risen simultaneously; in other countries—including the United States—contraceptive use is nearly universal, but abortion rates have only recently begun to decline significantly. These data have been used to legitimate the assertion that the availability of contraception itself causes more abortions.

In the two and a half years since Smith's comment, the proponents of this view have sowed sufficient doubt among enough policymakers about the role of family planning programs domestically and internationally to disrupt a decades-long political consensus. Previously, all but a very small minority considered self-evident the view that better access to and more effective use of contraceptives are necessary to reduce the incidence of abortion.

Common sense still leads most people to the conclusion that more effective contraception means fewer abortions—and research results point to that conclusion as well. Individual women who use an effective method of contraception simply are much less likely to face an unintended pregnancy and the decision of whether to have an abortion than women who do not. Similarly, the advent of high-quality contraceptive services, both in the United States and elsewhere, has been shown over time to be associated with lower levels of abortion.

Fundamentally, the relationship between contraceptive use and abortion is explained by a single phenomenon: the inexorable and universal trend toward couples' wanting, and having, smaller families and trying to time the birth of their children to best advantage. Acknowledgment of this reality is important, since an individual's decision to practice contraception or to have an abortion stems from this same goal.

This *Issues in Brief* seeks to explain the statistical trends in the context of women's lives, their reproductive goals and the choices available to them. A great deal of information exists, largely from research in the United States, on the likelihood that an *individual* can avoid an unintended pregnancy, and abortion, by practicing effective contraception. Analyses of the effectiveness of contraceptive *programs* in reducing abortion rates come from the experiences of many countries, including the United States.

Contraception Works For Individuals

As more and more couples feel strongly about limiting the number of children they have, and about having those children when they want them, the demand for contraception will be great; in its absence or in the event of its failure, so will the demand for abortion. The choice for societies is whether to facilitate access to contraception or to leave women and their families with abortion, legal or not, as the only means of achieving their childbearing goals.

American women typically want two children, as do women in European countries and many parts of Asia. In Latin America, the average preference is for two or three children. Women in Sub-Saharan Africa still want large families, five or six children on average, but indications are that, as in more developed countries, their desired family size is beginning to decline, too. These numbers represent women's goals, but not necessarily their experience. In most countries of the world, a significant proportion of women reveal that they have actually had more children than they had intended.

To succeed in having the number of children she wants when she wants them, a woman must use contraceptive methods properly for a long time. The

The Alan Guttmacher Institute
New York and Washington