

Marriage Is No Immunity From Problems with Planning Pregnancies

Policies designed to promote and strengthen marriage are gaining currency at all levels of government, and a key goal of many of these initiatives is to reduce out-of-wedlock childbearing. By focusing exclusively on nonmarital births, however, these efforts ignore that married people also face considerable difficulties planning their families. Given the large numbers of married couples who experience an unintended pregnancy and either an abortion or an unintended birth, emphasis in “marriage promotion” policies and programs should be placed on ensuring that married couples and couples contemplating marriage have the counseling and education they need to help them avoid these stressful events.

By **Cynthia Dailard**

Concern among policymakers over the “disintegration” of marriage as an institution is hardly new, but it was not until the enactment of the 1996 federal welfare reform law that the federal government began to promote marriage as a matter of public policy. Today, a small but growing number of state and local governments have established their own policies and programs to promote and strengthen marriage. And the federal government is currently poised to invest in marriage promotion activities on a grand, unprecedented scale, as part of the Bush administration’s welfare reauthorization proposal, which is currently pending in Congress (see box).

Although the discussion recently has shifted somewhat toward the promotion of “healthy” marriages and the improvement of child well-being, a key goal of many of these marriage promotion activities—and of the 1996 welfare reform law in particular—is to reduce the number of out-of-wedlock births. Certainly, from the perspective of social conservatives, marriage per se solves what is perceived to be the major social problem of

intended nonmarital childbearing. But on a practical level, marriage fails to solve many of the problems couples face in regard to controlling their fertility and achieving their childbearing goals. While married people have lower rates of contraceptive failure, unintended pregnancy and abortion than those who are single, they still face considerable difficulties in using contraceptives consistently and correctly, avoiding unintended pregnancy and abortion, and planning and spacing their births. Those who shape marriage promotion policies and programs need to be cognizant of this fact and provide couples with the counseling and information they need to help them avoid unintended pregnancy and its consequences.

The Big Challenge

Today, the typical American woman marries at age 25, has her first child at age 26, and achieves her desired family size of two children by age 31. However, women typically do not reach menopause until age 51. This means that they potentially spend at least two decades within marriage trying to avoid unintended pregnancy (see chart).

Successfully avoiding unintended pregnancy for such a long time can be difficult. Contraception is key to couples’ ability to achieve their childbearing goals; however, neither contraception nor contraceptive use is perfect. Although some of the most widely used contraceptive methods reduce the risk of pregnancy to extremely low levels, no method is 100% effective, and sometimes methods fail. Furthermore, many couples find it difficult to consistently and correctly use contraceptives over such a long time. As a result, married couples are not immune from unintended pregnancies that result in unplanned births or abortions. And because 30 million women of reproductive age are currently married (according to the 1995 National Survey of Family Growth), large numbers of married couples must grapple with these problems.

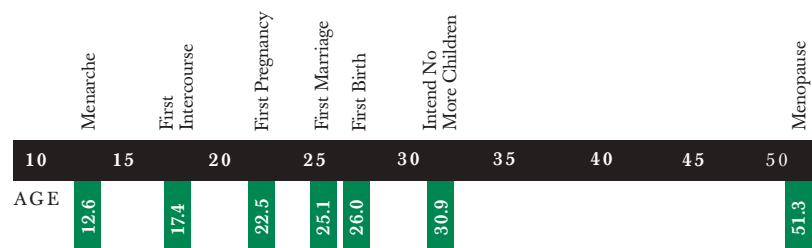
Key Indicators

According to the most recent data available (1994), three million married women in this country become pregnant each year. However, only seven in 10 of these pregnancies are planned (see chart, page 12, top). In other words, almost one million married women each year unexpectedly find themselves pregnant. (These figures do not take into account women who have miscarriages or that some of these pregnancies occur to single women who marry before giving birth.)

More than six in 10 married women experiencing an unintended pregnancy carry their pregnancies to term.

KEY REPRODUCTIVE EVENTS

The typical American woman is satisfied with her family size starting in her early 30s and thus potentially spends at least 20 years of her married life trying to avoid additional pregnancies.



Source: The Alan Guttmacher Institute (AGI), *Fulfilling the Promise: Public Policy and U.S. Family Planning Clinics*, New York: AGI, 2000, page 44.

Two-thirds of women experiencing these 580,000 unintended births had hoped to wait longer before having their first child or next child; one-third had not intended to have a child at all, either because they had already achieved their desired family size or they wanted to remain childless.

A Brief History of Government Involvement in “Marriage Promotion”

Based on the argument that the existing welfare system provided a disincentive to marriage and undermined the traditional family structure by encouraging out-of-wedlock births among poor women, three of the four purposes of the 1996 federal law to reform the nation’s welfare system were designed to promote marriage. The law promised to “end the dependence of needy parents on government benefits by promoting...marriage”; “prevent and reduce the incidence of out-of-wedlock pregnancies”; and “encourage the formation and maintenance of two-parent families.” The law also provided significant financial bonuses to states that achieved the greatest decline in the rate of out-of-wedlock births, and authorized grants to the states for abstinence-only education that censures all sex outside of marriage, for people of any age.

In addition to transforming the welfare system, the 1996 law sought to fulfill broader social objectives aimed at reforming individuals’ sexual behavior across society. As a result, these marriage promotion goals and activities targeted not only welfare recipients but all Americans (“Welfare Law and the Drive to Reduce ‘Illegitimacy,’” TGR, December 2000, page 7).

Since taking office, President Bush has promised to devote unprecedented attention to marriage. The

However, a large proportion of married women choose not to continue their pregnancy. In fact, almost four in 10 of the unintended pregnancies that occur to married women end in abortion (see chart, page 12, top), resulting in 345,000 abortions to married women each year. All in all, 17% of abortions in the United States occur to married women.

Why are so many married women experiencing unintended pregnancies? A survey of women who had abortions, conducted by researchers at The Alan Guttmacher Institute, helps shed light on this question. Almost half (44%) of married women who had had an abortion in 2000–2001 were not using a contraceptive method in the month they became pregnant, although most had used a method in the recent past. Women cited various reasons for not using a method even though they were at risk of unintended pregnancy and did not want to become pregnant. Three in 10 perceived that they were unlikely to become pregnant, perhaps because they had just had a baby or because they had assumed that they were infertile, and almost half reported that they had had concerns or felt ambivalent about contraceptive methods. Other women reported that they had either had unexpected or unwanted sex,

administration’s welfare reauthorization proposal, currently pending before Congress, commits over \$300 million a year in federal and state funds to activities designed to promote marriage. The funding would provide financial incentives for states to partner with private organizations, including faith-based groups, for the purpose of developing and implementing innovative programs to promote and support marriage. Moreover, the administration would clarify that states should “encourage the formation and maintenance of healthy, two-parent, married families,” rather than just two-parent families.

A number of states, meanwhile, already have adopted a wide array of policies designed to promote marriage, reduce out-of-wedlock births and strengthen two-parent families, according to the Center for Law and Social Policy (CLASP), which tracks this activity. For example, in a recent policy brief, CLASP policy analysts note that Arizona, Louisiana, Michigan, Oklahoma and Utah already commit a significant portion of their federal funding for welfare expenditures for this purpose. Other state efforts include providing premarital counseling and education, reducing financial barriers for two-parent families seeking public assistance and establishing public goals to reduce divorce and strengthen marriage. CLASP notes that while states and communities are “leading the way” in developing these new policies and programs, very little is known about the effectiveness of these activities.

they had had difficulty obtaining contraception or that their partner preferred that they not use contraception. Less than one in 10 said that they had felt ambivalent about becoming pregnant (see chart, below).

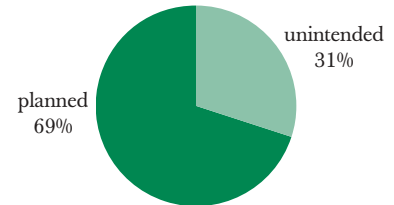
More than half (56%) of married women who had had an abortion, however, were using contraception during the month they became pregnant. Almost half (46%) of those had used condoms, and a quarter (24%) had relied on oral contraceptives, with most citing inconsistent contraceptive use rather than contraceptive failure as the reason they became pregnant.

That so many married women have difficulty avoiding unintended pregnancy and using contraceptives correctly and consistently over time helps explain why sterilization is the most popular contraceptive method among married women in this country. Indeed, almost one-half of married women of reproductive age have either undergone a tubal ligation or rely on male sterilization as their contraceptive method (see chart, page 13).

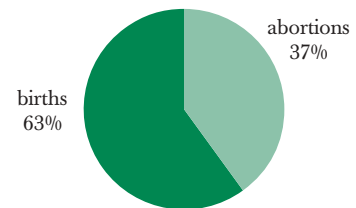
The high rate of sterilization among married couples is not necessarily surprising. Because it is extremely effective and virtually eliminates the risk of pregnancy, sterilization is an attractive option for many couples wishing not to have any more children. Moreover, it has no long-term side effects and does not require a woman to take a pill every day, refill a prescription or use a method at the time of intercourse. In fact, women turn to sterilization earlier than one might expect: Forty-five

PREGNANCY IN MARRIAGE

Of the three million pregnancies to married women each year, three in 10 are unintended...



...and four in 10 unintended pregnancies to married women each year end in abortion.

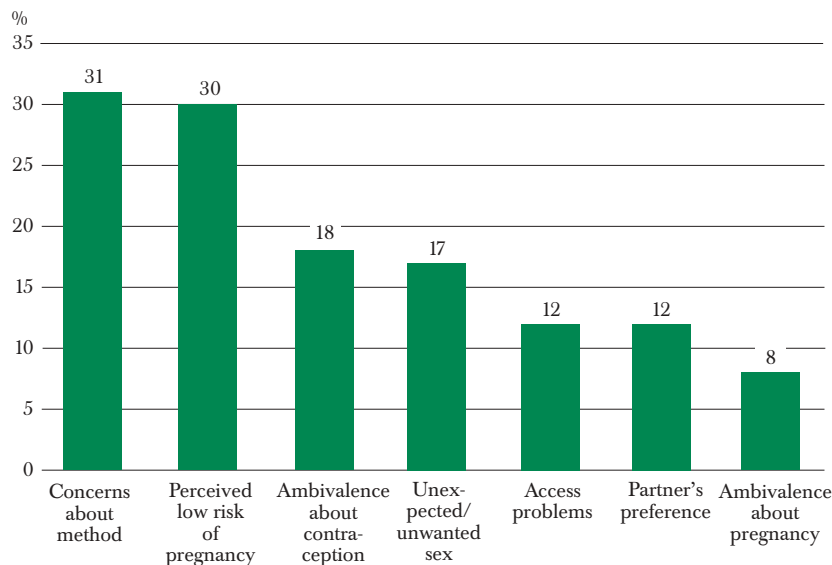


Source: Henshaw SK, Unintended pregnancy in the United States, *Family Planning Perspectives*, 1998, 30(1):24–29 & 46.

percent of women who had had a tubal ligation between 1991 and 1995 were younger than 30. Women may choose sterilization at such young ages because they have grown frustrated with reversible contraceptives or because they reached their desired family size earlier than expected. However, a small proportion (7%) of women who are sterilized later want another child; women who are sterilized before age 30 are particularly likely to regret this decision.

CONTRACEPTIVE CONCERNS

Married women obtaining an abortion report a wide variety of reasons why they were not using a contraceptive method



Source: Jones RK, Darroch JE and Henshaw SK, Contraceptive use among U.S. women having abortions in 2000–2001, *Perspectives on Sexual and Reproductive Health*, 2002, 34(6):294–303.

Policy Implications

Despite the problems that married people encounter in trying to avoid contraceptive failure, unintended pregnancy and abortion, there is no question that married people are more successful than single people on all of these fronts. Existing research, however, fails to explain what it is about being married that makes people less likely to experience contraceptive failure and unintended pregnancies. Married people are more likely to be older than those who are not married, and marriage is associated with more predictable and more frequent sexual intercourse. Married people also have less reason to be concerned about sexually transmitted diseases (STDs), including HIV (although marriage may not be as protective against STDs as one might think; see box). All of this may influence married peoples' choice of contraceptive methods and their ability to use contraceptives effectively. But does being married in and of itself offer some protection against these events, or do married people have different characteristics than nonmarried people—such as maturity, dedication and a positive outlook for the future—that facilitate effective contraceptive use?

There is also a dearth of research about whether unintended pregnancy and its consequences undermine marital stability and possibly lead to separation or divorce. Clearly, an unintended pregnancy can be a stressful and disruptive experience for a couple; the same can be said for married couples, whether they seek an abortion or raise a child they did not plan for. There can also be significant financial costs associated with an unintended pregnancy (an abortion can cost several hundred dollars, and raising a child, of course, costs considerably more), and it is no secret that financial pressures can undermine relationships. And although common sense suggests that being in control of one's fertility would foster stability both within and beyond marital relationships, evidence on this subject is sorely lacking.

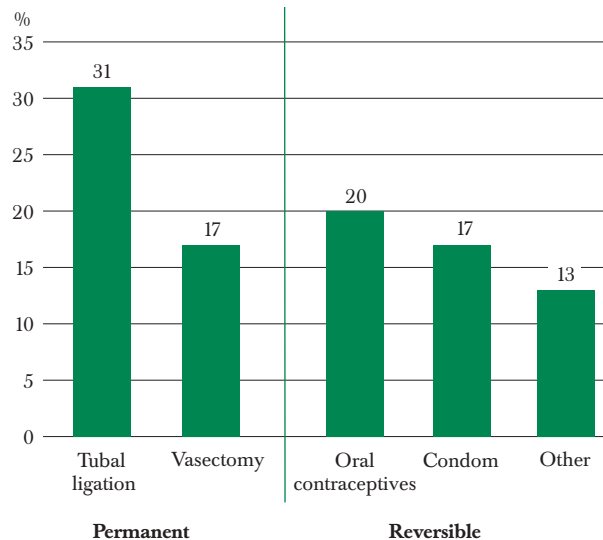
Despite these open questions, one thing is clear: Married people, like unmarried people, experience considerable difficulty in avoiding unintended pregnancy and abortion, planning and spacing their births, and using contraceptives correctly and consistently over time. Married couples and those contemplating marriage need accurate information about the probability of pregnancy when contraceptives are not used, and the importance of consistent and correct use of methods to

Some Married People Are at Risk of Sexually Transmitted Diseases

In terms of risk factors, marriage is generally regarded as being protective against sexually transmitted diseases (STDs), since married people are far less likely than single people to have multiple sexual partners. However, an analysis of the 1995 National Survey of Family Growth by researchers at The Alan Guttmacher Institute found that 9% of women married for more than one year reported that either they or their husband had had another sexual partner within the past year. This means that 2.5 million married women and their husbands are potentially at risk of STDs because of infidelity. Among women married less than one year, the proportion at risk is 22%, or an additional 410,000 women and their partners. (As these women were married less than a year when they were asked about additional partners during that year, some of these sexual encounters occurred prior to marriage.) Researchers believe that these figures may be quite conservative, because women may be reluctant to report their own infidelity (or sexual partners prior to marriage) and may not know when their husbands have been unfaithful.

METHOD USE

Nearly half of married women using contraceptives rely on female or male sterilization.



Source: Piccinino LJ and Mosher WD, Trends in contraceptive use in the United States: 1982–1995, *Family Planning Perspectives*, 1998, 30(1):4–10 & 46; and The Alan Guttmacher Institute, unpublished tabulations from the 1995 National Survey of Family Growth. Note: 1995 data. “Other” includes periodic abstinence, withdrawal, Depo-Provera, Norplant, and additional methods.

avoid unintended pregnancy. Couples need more opportunities and forums to discuss issues such as whether and when sexual intercourse should occur in a relationship, methods of pregnancy prevention and decision-making about appropriate timing of childbearing. Therefore, policy initiatives and programs designed to promote “healthy marriage” should support counseling and related education efforts that include information designed to help couples achieve their childbearing goals through effective contraceptive use and to avoid unintended pregnancy and its consequences. ☉