

Spending \$1 Billion On Reducing Unintended Pregnancy Would Deliver \$6 Billion To The Economy

MTV's *16 and Pregnant* may be one of the most impactful series in TV history. By showing teens struggling with diapers, strained relationships, and money troubles, it contributed to a 5.7% reduction in teen births in the 18 months following its premiere in 2009, researchers say. It was TV as birth control. ("It's like we got drunk, we had a big uh-oh, and now we have a bigger uh-oh," says one character, sending a message to her peers). If you total up the effect on teenagers who didn't become pregnant and instead went to school and college and got jobs, and the wider economic benefits of those kids not becoming pregnant, the dollar-numbers probably run into the many billions.



TV is one reason the teen pregnancy rate has fallen dramatically in recent years. Increased availability of contraception is another, along with a more dynamic and youth-sensitive approach to outreach marketing. Among women aged 15 to 19, the birth rate is now 61% below what it was in 1991.



But the numbers for unplanned pregnancy in general (not just teens) are still shockingly high. "We've seen dramatic progress on teen births and pregnancies," says Andrea Kane, at the National Campaign to Prevent Teen and Unplanned Pregnancy. "What we hadn't seen, until recently, was a decline among young adults, where most unplanned pregnancies occur."

About 1.5 million babies a year are unintended (38% of the total) and the effect on young women—particularly women with low-incomes—is highly disruptive. Pregnancy is a major reason why women drop out of school, why they don't get good jobs, and ultimately why they stay poor.

"There's a growing societal consensus that it's not a good idea to have a baby when you're still very young," says Isabel Sawhill, an economist at the Brookings Institution and author of the book *Generation Unbound: Drifting Into Sex and Parenthood Without Marriage*. Sawhill argues that investing in efforts to prevent unintended pregnancy—particularly through "set and forget" contraception and new forms of

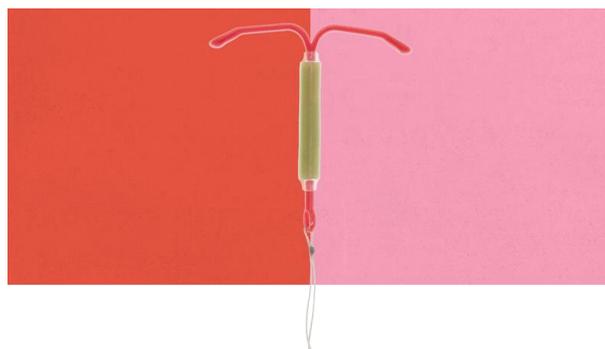
counseling and communication—is one of the best, and most cost-effective, ways to narrow inequality and improve social mobility.



Several programs are providing evidence of what works to reduce unintended pregnancy, as a new report from the Bridgespan Group shows. For example, Colorado's program to make long-acting reversible contraceptives (LARCs) freely available has been highly effective. Within four years, starting in 2009, it saw a 48% drop in births among teens and a 20% reduction among women aged 20 to 24. Similarly, St Louis's Contraceptive CHOICE project, which provided free contraceptives (including LARCs), counseling, and same-day procedures to nearly 10,000 women, resulted in a 75% decrease in teen pregnancy and abortion.

Bridgespan's report looks at ways to spread such programs using philanthropic capital. The study is part of a series looking at how "Billion Dollar Bets" by private funders can create economic opportunity (we wrote up its previous report on early childhood intervention here; our coverage of the original, parent report is here). "Philanthropy is already playing a role and it could play a much bigger role," says Sawhill. "[These interventions] are not expensive in the long run but they are somewhat politically sensitive. It is a perfect place for the private sector and philanthropy to [intervene] because they can get us beyond some of the political barriers."

Colorado's program was initially funded with a grant from the Susan Thompson Buffett Foundation, named after Warren Buffett's late wife. That the foundation, for several years, didn't want its role made public is indicative of the cultural and political sensitivities around the topic. When the grant ran out, the state government wanted to step in with public funding. But Republicans in the state legislature killed a bill allowing that to happen. Private funders kept a bare-bones program going, until the legislature this year, finally seeing sense, overturned itself.



Long-acting reversible contraceptives are either hormonal implants (a small rod placed under the skin of the upper arm) or intrauterine devices (IUDs). Because they don't require women to take a pill every day at the same time, or for men to put on condoms, they take the hassle and non-compliance out of contraception. Condoms have a high failure rate and, Bridgespan notes, "many women who become unintentionally pregnant say they were using some form of contraception when they conceived."

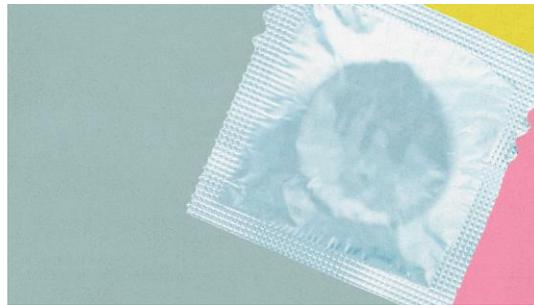
In many states, publicly funded health centers don't offer counseling about IUDs and implants as potential alternatives, or make LARC methods available on-site, the report says. Or women face high copays for the devices. But if those things were made available, we might be able to cut the rate of unintended pregnancy more widely. Research shows that women are comfortable with the new forms of IUDs and hormonal delivery (though, as my wife says, getting past the legacy of the Dalkon Shield is a challenge among older women).

The report identifies six areas where philanthropists might focus their resources. These include increasing access to LARCs, building capacity for same day treatment and counseling, funding advocacy to maintain programs like Colorado's, and investing in online, mobile, and in-classroom tools that explain contraception, and can engage teens about their emotional well-being. Bedsider.org and Stayteen.org are two examples of online tools.

"We need marketing and advertising approaches that openly talk about sex," says Larry Swiader, who helped create Bedsider.org at the National Campaign. "We need to take a page from the enterprises that are making you drink [say] a Coca-Cola. You don't list the ingredients. You promise it will add life and make you happier."

Another field of opportunity is integrating family planning dialogue into primary care visits, and, perhaps, interactions at community college, in foster care, or within the juvenile justice system. Simply by adding the question "Are you planning to get pregnant in the next year?" to health screening forms starts a conversation that leads to counseling and possibly contraception.

Bridgespan calculates that a multi-state "Colorado effect"—that is, the marginal improvement on national figures Colorado has achieved—would produce economic returns of between \$3.2 billion and \$6.4 billion in total increased earnings for individuals and families.



Delaware is one state trying to emulate Colorado, and philanthropy is the catalyst. Upstream USA, a nonprofit that trains health centers in contraception, has raised \$10 million in private funding to train providers to prescribe LARC devices to women, even when those women don't have insurance. Delaware has one of the highest rates of unintended pregnancies in the nation.

"Health centers aren't aligned so they can make these really effective methods available to young women, even when women want these methods," says Mark Edwards, co-founder of Upstream USA. "Too often they are told it will take three or four visits to access them. We need systems that make them available in a single visit."

But, in other states, politics is getting in the way. Virginia's Lieutenant Governor Ralph Northam, a Democrat, came up with a \$9 million plan for that state. But he couldn't get it through the Republican-controlled legislature, which failed to fund it in the 2016-18 budget. "Unfortunately, access to women's reproductive health care services has been a political football in Virginia's legislature in recent years," says Alexis Rodgers, policy director in Northam's office, in an email. "The LARC program that would decrease unintended pregnancies and save taxpayer dollars was struck down because its opponents are

more wed to a rigged ideological agenda than delivering positive outcomes for Virginia women and families."

Somehow, offering contraception is conflated with delivering abortions, a far more controversial topic. In fact, 90% of Americans think making contraception available to all is "highly moral," according to a Gallup poll.

And, of course, preventing unwanted pregnancies saves money. Colorado avoided \$79 million in birth-related Medicaid costs between 2010 and 2012, and has seen a return of \$5.85 for every dollar it's spent. The nonpartisan Congressional Budget Office also thinks restricting contraception costs money in the long-run.

"Reducing unintended pregnancy is actually aligned with conservative goals," says Sawhill. "We would save money, shrink government, we would have fewer single parent families, and we would have far fewer abortions."

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