

Volume 2, Number 13

# Family Planning Programs Lift Children out of Poverty

By Martha J. Bailey and Olga Malkova, University of Michigan; and Zoë M. McLaren, University of Michigan School of Public Health

Arguments for family planning often appeal to their potential benefits for women's reproductive health, but its benefits for children may be among their most important. A new study, funded in part by a Center for Poverty Research Small Grants

award, by researchers from the University of Michigan, finds benefits from federally funded family planning programs that include fewer children living in poverty.

# **Key Findings**

- Federally funded family planning programs made children 15% less likely to live in households receiving public assistance, 4% less likely to live in households with a single parent, and 5% less likely to live in poverty.
- Children conceived after the start of federal funding in 1965 lived in households with higher annual incomes.
- By 1970, women below the poverty line in counties with federally funded programs were 16-20% more likely to have ever used oral contraception.

The idea that family planning increases children's opportunities was integral to its inclusion in the 1964 Economic Opportunity Act, the cornerstone of President Lyndon Johnson's War on Poverty. From 1965-70, federal funding for family planning programs increased from \$1.6 to \$41 million.<sup>1</sup> These programs disproportionately benefitted poorer households—in 1983, roughly 83 percent of their patients lived below 150 percent of the poverty line.

A large body of economics research shows that having more children causes economic disadvantage. One way economists think about this is through quality-quantity models, which posit that the resources parents invest in their children depend on the number of children they have: fewer children means more resources for each. To delay childbearing until income is higher also means more resources for children.

Another way to think about family planning's impact on child poverty is in terms of human capital investments, such as education or job training. For example, a woman's lack of certainty about when she might have a child makes it less likely she will invest in a college degree. To have a child may lower what she expects to get back from that investment. By allowing young people to decide when they have children, family planning programs may lead to greater human capital investments and higher earnings overall. This benefits parents but also their future children.

<sup>1</sup> 2008 dollars

## About the Center's Small Grants Program

The Center awards up to four research grants each year to support high quality research conducted by junior scholars in a variety of disciplines. Previous funded projects have included public health policy, immigration, family planning, and low-income family borrowing.

The Center for Poverty Research at UC Davis is one of three federally designated National Poverty Centers whose mission is to facilitate non-partisan academic research on poverty in the U.S., to disseminate this research, and to train the next generation of poverty scholars. Our research agenda spans four themed areas of focus:

- Labor Markets and Poverty
- Children and the Intergenerational Transmission of Poverty
- The Non-traditional Safety Net, focusing on health and education
- The Relationship Between Poverty and Immigration

The Center was founded in the fall of 2011 with core funding from the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services.

For more information, email us at **povertycenter@ucdavis.edu** or visit us online at: **poverty.ucdavis.edu** 

UC Davis Center for Poverty Research: One Shields Avenue: Davis, CA 95616 (530) 752-0401



# Understanding poverty, shaping the future of poverty response

## **Data on Children and Family Planning Programs**

To measure the impact of family planning programs that were federally funded between 1964 and 1973, researchers compared the economic resources and living circumstances of children born in more than 660 counties before and after those family planning programs began. Researchers used three major bodies of data to conduct their examination.

Restricted-use census data from the University of Michigan Research Data Center provided a much larger sample of the U.S. population than does public data, and includes critical geographic information needed to compare proximities to federal family planning programs. The 1970 census data provided a picture of children born in the early 1960s before the programs began. The 1980 census data showed possible outcomes for children six years after the federal programs were established.

Researchers also used information compiled from the U.S. Office of Economic Opportunity (OEO) and the 1970 National Fertility Study (NFS) to examine contraceptive use. The OEO survey was sent to all known providers of family planning in the fiscal years 1968, 1969 and 1971. The NFS surveyed women between the ages of 18 and 44 who had ever been married about whether they had ever used a family planning clinic, regardless of whether it was federally funded. It also asked whether they had ever used oral contraception, the most popular and inexpensive contraceptive method at that time.

#### **Family Planning and Child Poverty**

This study has found that the introduction of federally funded family planning programs has impacted child poverty. Children born after the establishment of the federally funded programs were significantly less likely to live in households with income below the poverty line. They were five percent less likely to live in poverty and 15 percent less likely to live in households receiving public assistance. The study also found that the share of children living in single-headed households fell by four percent among cohorts born after family planning programs began.

These results held when researchers considered white and nonwhite children separately. In counties with the federally funded programs, the share of white children living in households below 150 percent of the poverty line was lower by 0.8 percentage point, which is 2.5 percent lower than the overall 1970 average. The impact on African American children is larger in absolute terms (1.53 percentage points) but implies a similar reduction of 2.4 percent.

The findings also suggest that family planning programs improved economic well-being enough to reduce the share of children in households that receive welfare payments,



This series with square markers shows percent reductions in the share of children living in poverty for cohorts before versus after federally funded family planning programs began. The x-axis denotes the year of birth of children before (negative numbers) and time after the year the family planning program began, with zero indicating when family planning programs began. The two dashed lines indicate point-wise 95 percent confidence intervals.

especially among white children. The average impact on white children in those counties was 0.76 percentage point—a reduction of 15 percent.

The establishment of federal family planning appears to have stemmed the growth of nonwhite children in households receiving welfare but did not reduce their numbers.

#### **Contraception among Women in Poverty**

The study found that after federal family planning programs began, the number of poor women using the services in those counties grew about twice as fast as the national average. The increase in the number of poor women using the Pill was also greater in those counties. By 1970, those women were also 16- to 20-percent more likely to have ever used oral contraception. In fact, in counties with federally funded family planning programs, use of the Pill was as common between poor and non-poor women. Use of the Pill was also about four percent higher among women above the poverty line.

#### **Meet the Researchers**

Martha J. Bailey is an Associate Professor of Economics at the University of Michigan, where she is also a Research Affiliate for the National Poverty Center and a Research Associate Professor at the Population Studies Center.

*Olga Malkova* is a Ph.D. candidate in Economics at the University of Michigan. Her research interests include labor force participation, retirement and aging, inter-generational transfers, public policy and fertility.

Zoë M. McLaren is an Assistant Professor at the University of Michigan School of Public Health. Her research examines how health status influences economic outcomes in developing countries.