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**Testimony of Hannah Lane, Policy Research Analyst and Business Manager of the
Vermont Commission on Women
Senate Committee on Health and Welfare
March 13th, 2019**

Re: Prop 5 - Declaration of rights; right to personal reproductive liberty

Good morning. My name is Hannah Lane and I am the Policy Research Analyst and Business Manager at the Vermont Commission on Women. I'm pleased to have the opportunity to speak with you today about the connection between personal reproductive liberty and economic security.

The Vermont Commission on Women doesn't typically take positions on specific legislation; instead, we take broader public policy positions. I would like to begin this morning by sharing with you the policy statement that pertains to proposal 5.

The Vermont Commission on Women affirms that every woman has a natural and unalienable right to choose whether and when to bear children; the right to educational, medical, and counseling services to make that choice wisely; and the right to the appropriate support in order to create a secure economic future based on that choice.

The ability to decide when and whether to have a child is one of the most important factors in a woman's economic well-being over the course of her lifetime. Having control over the timing of childbearing allows women to further their own education, develop and expand early work and career choices, and, in turn, create better outcomes for their children. Women's access to reproductive health care is tied to increased labor force participation, higher earnings, more advanced careers, and better financial conditions for children and families.

ECONOMIC IMPACT OF THE ACCESS TO REPRODUCTIVE HEALTH CARE

In the 1960s and 1970s, the introduction of oral contraceptives and repeal of laws restricting the sale of contraceptives in general, coupled with the expansion of funding for family planning programs, provided a significant increase in women's access to birth control. Looking back years later, this access has been linked to an increase in women's wages, women's labor force participation, and even children's college completion rates.¹

Children born after access to contraception increased had higher household incomes; were 12% less likely to live in households receiving public assistance; were 7% less likely to live in poverty; and, were more likely to go to college.² In one study, women who were unable to get the abortion they sought were almost four times as likely to fall below the Federal Poverty Level in household income, and were more likely to report not being able to cover basic living needs. The same study found that women

¹ Martha J. Bailey, 2013. "[Fifty Years of Family Planning: New Evidence on the Long-Run Effects of Increasing Access to Contraception](#)," Brookings Papers on Economic Activity, Economic Studies Program, The Brookings Institution, vol. 46(1 (Spring), pages 341-409.

² Martha J. Bailey, Olga Malkova, and Zoe M. McLaren. "[Does Family Planning Increase Children's Opportunities? Evidence from the War on Poverty and the Early Years of Title X](#)." (2014)

denied an abortion were more likely to receive public assistance than those women who received abortions.³

Access to contraceptives is associated with increased gender equality. This access also contributed to an increase in the number of women employed in non-traditional and professional occupations, and to higher occupational levels in general.⁴

Low-income women are particularly impacted by lack of access to abortion; they are over five times more likely to become pregnant unintentionally than higher-income women, despite being sexually active at the same rates.⁵ Nationally, half of the women seeking abortions have incomes below the Federal Poverty Level and three-quarters reported not having enough money to pay for basic living expenses.⁶

Increased access to birth control can even be credited for helping to reduce the gender wage gap. One analysis showed that access to the birth control pill by younger, unmarried women in the 1960s and 1970s increased their hourly earnings by 8% by the time they were 50 years old—enough to account for between one-third and half of the total hourly wage gains compared to women born a decade earlier.⁷ The same analysis concluded that access to the Pill accounts for 10% of the reduction of the gender wage gap in the 1980s and 30% in the 1990s.⁸

Access to birth control is linked to increases in women's wages,⁹ in their participation in the workforce, and in their families' reliance on their earnings.¹⁰ While having a child at all does create both an immediate decrease in women's earnings, and a long-term decrease in their lifetime earnings,¹¹ delaying having a child can mitigate some of this loss. A delay allows time for investing in education and gaining early work experience. Women earn 3% more for each year they delay having children.¹²

In a recent study, women were asked their reasons for using contraception. They most frequently cited economic factors: 65% responded it was because they could not afford to take care of a baby at that time.¹³ The majority of women surveyed reported that contraceptive use had allowed them to take better care of themselves or their families, support themselves financially, complete their education, or keep or get a job.¹⁴ The most common reason women give for seeking an abortion is that they aren't

³ Advancing New Standards in Reproductive Health, Turnaway Study, available at <https://www.ansirh.org/research/turnaway-study>

⁴ Claudia Goldin & Lawrence F. Katz, The Power of the Pill: Oral Contraceptives and Women's Career and Marriage Decisions, 110 J. POL. ECON. 730, 758-62 (2002).

⁵ Finer LB and Zolna MR, Declines in unintended pregnancy in the United States, 2008–2011, *New England Journal of Medicine*, 2016, 374(9):843–852, <http://nejm.org/doi/full/10.1056/NEJMsa1506575>.

⁶ Advancing New Standards in Reproductive Health, Turnaway Study, available at <https://www.ansirh.org/research/turnaway-study>

⁷ Martha J. Bailey et al., The Opt-In Revolution? Contraception and the Gender Gap in Wages, NAT'L BUREAU OF ECON. RESEARCH 26-27 (2012), available at http://www.nber.org/papers/w17922.pdf?new_window=1

⁸ Ibid.

⁹ Martha J. Bailey et al., The Opt-In Revolution? Contraception and the Gender Gap in Wages, NAT'L BUREAU OF ECON. RESEARCH 26-27 (2012), available at http://www.nber.org/papers/w17922.pdf?new_window=1

¹⁰ ADAM SONFIELD ET AL., GUTTMACHER INST., THE SOCIAL AND ECONOMIC BENEFITS OF WOMEN'S ABILITY TO DETERMINE WHETHER AND WHEN TO HAVE CHILDREN (2013), available at <http://www.guttmacher.org/pubs/social-economic-benefits.pdf>.

¹¹ Ibid.

¹² KELLEEN KAYE ET AL., NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY, THE BENEFITS OF BIRTH CONTROL IN AMERICA: GETTING THE FACTS STRAIGHT 4 (2014), available at <http://thenationalcampaign.org/sites/default/files/resource-primary-download/getting-the-facts-straight-final.pdf>.

¹³ Frost, J., & Lindberg, L. D. (2012). Reasons for Using Contraception: Perspectives of US

Women Seeking Care at Specialized Family Planning Clinics. *Contraception*. doi:10.1016/j.contraception.2012.08.012.

¹⁴ Ibid.

able to afford the cost of supporting a child.¹⁵ Women denied an abortion have lower levels of full-time employment.¹⁶

66% of Vermont women are in the labor force, which is 8 percentage points higher than the national average,¹⁷ and this peaks during childbearing years: 70% of pregnant women and women who've given birth in the last year in Vermont are working.¹⁸ Women are contributing over 40% of the income in a third of Vermont's families.¹⁹ Working women are essential to Vermont's economy, and the economic well-being of Vermont women is critical to the well-being of Vermont Families.

¹⁵ Advancing New Standards in Reproductive Health, Turnaway Study, available at <https://www.ansirh.org/research/turnaway-study>

¹⁶ Foster, Diana, Stop Saying that Making Abortion Illegal Won't Stop People From Having Them, Rewire.News, (2018). Available at <https://rewire.news/article/2018/10/04/stop-saying-that-making-abortion-illegal-doesnt-stop-them/>

¹⁷ U.S. Census Current Population Survey (CPS) 5 Year Average (2011-2015)-Adult Civilian Persons.

¹⁸ U.S. Census Bureau. (2011). American Community Survey 3 Year Estimates, Geographies: All States within United States, Table B13012: WOMEN 16 TO 50 YEARS WHO HAD A BIRTH IN THE PAST 12 MONTHS BY MARITAL STATUS AND LABOR FORCE STATUS.

¹⁹ U.S. Census Bureau, Public Use Microdata Sample; American Community Survey 5 Year Data Release (2009-2013).