Prevalence and trends in unintended childbearing: The role of immigration

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Introduction

Despite significant improvements in contraceptive technologies and low fertility levels still thirty seven percent of births in the U.S. remain unintended; either mistimed or unwanted in 2010. Unintended childbearing reflects limitations in women’s control over their reproduction and has been found to correlate with negative child outcomes and social disparities across racial and ethnic groups. The factors affecting the prevalence and trends in unintended childbearing as well as racial and ethnic differences are not fully understood. Between 1982 and 2006-10 unintended childbearing declined considerable for the population as a whole and for non-Hispanic whites and non-Hispanic blacks but increased 5 percentage points for Hispanics. In fact, Hispanics are the only group that experienced no progress in reductions of unintended childbearing.

In this paper we investigate the social processes underlying racial and ethnic disparities and trends in unintended fertility paying particular attention to the role of immigrant women. The analysis emphasizes the Hispanic experience as the group with the largest immigrant representation but we investigate the extent to which the observed patterns apply to other immigrant origin groups. Our main argument is that much of the disparities and reversal in trends in prevalence of unintended childbearing can be explained by the experience of immigrant women. We document that separating the population by nativity shows that U.S. born Hispanics experience similar reductions in unintended childbearing as other racial and ethnic groups. Moreover, the analysis suggests that the higher prevalence of unintended births among foreign born women is not a Hispanic trait but rather part of the immigrant experience. A main implication is that subsequent studies of trends in unplanned fertility should pay closer attention to how immigration is changing the composition of racial and ethnic groups. Moreover, it
highlights that efforts at reducing unintended childbearing should more directly affect the specific situation of immigrant women.

**Background and literature review**

The importance of understanding and therefore preventing unwanted pregnancies and births is threefold. First, there is important evidence that suggests a strong link between unwanted births and the children’s health (Joyce et al. 2000). Consequently, all the later life outcomes have consistently been shown to correlate with health at birth and can be thought of as consequences of initial health disparities resulting from births being unwanted (Sawhill et al. 2014). Finally, since unwanted pregnancies and births are more common among minorities and disadvantaged groups it constitutes one of the mechanisms by which racial and ethnic differences in poverty and inequality is reproduced (Gillespie et al. 2007).

Direct comparisons of trends in unintended pregnancies are not readily available due to differences in methodologies and data collection strategies that have been applied. This is true for both unintended and mistimed pregnancies. Questions to identify both of these categories may vary by survey and year. Despite methodological changes there are two well documented trends in the literature. First, starting in the 1960’s the ability of women to prevent unintended births increased rapidly until the late 1980’s. Access to modern contraceptive methods and the acceptance of sterilization as a form of contraception was in large part responsible for this change (Westoff 1981; Bumpass 1987). Second, after the 1980s the pattern changed. The prevalence of unwanted fertility stagnated and might even been showing an increasing trend. In addition, racial and ethnic disparities also increased mostly due to increases in the proportion of unwanted fertility among disadvantaged groups, namely, teenage women from low socio economic status and limited access to contraception (Finer & Henshaw 2006; Wildsmith et al. 2010).

This context has motivated scholars to explore the social and economic factors undergirding unwanted fertility and racial/ethnic disparities. Differentials in both aptitudes towards and access to contraception (demand and supply) are an important part of the story. On the demand side, there might be variation in type of contraceptive preferred and prevalence of
abortion which in some cases may lead to higher levels of unwanted fertility (Bogue 2010). Similarly, some studies report that Hispanics are more likely to have erroneous beliefs on side effects of contraceptives and the risk of pregnancy. Particularly, Blacks are more likely to believe on side effects of contraceptive use such as reduced sexual desire and health consequences; authors on this side argue it can be closely related with the race-ethnic disparities of unwanted fertility (Guzzo & Hayford 2012). Moreover, some studies have documented how attitudes to different types of relationship intersect with racial and ethnic disparities. Differences between Blacks and Whites are concentrated in births within a marriage as opposed to differences between Hispanic and Whites which are concentrated in couples that cohabit (Guzman et al. 2010). Hispanics are less likely to report and unintended birth while cohabiting as opposed to Whites couples in the same relationship type, this is because Hispanics view cohabitation as an appropriate setting for family formation as documented in other researches.

On supply side the evidence is mixed. One national level study reported no difference in access to family planning services by race or ethnicity by 2002. Actually, according to this study minority women are more likely to receive counseling about birth control methods, which contradicts their higher levels of unwanted fertility (Borrero et al. 2009). In a qualitative study with health care providers in rural areas in the Northwest, the authors documented some obstacles in the system that prevents Latinos to get access to birth control methods. Among the most prevalent obstacles the authors highlighted: the cost of contraceptive, lack of transportation and language barriers (Branch et al. 2010). Similarly, a study in El Paso, Texas reported that low-income Latinas experienced restriction when trying to get sterilization in part because of the criteria applied by providers: “Women were often told that they were too young or might want to have more children later, even when they had compelling reasons for wanting to end childbearing” (Potter et al. 2012, p.233). This study also pointed out that unauthorized migrant may be doubly disadvantage since they do not even qualify for programs that fund sterilization.

Few studies have looked at the role of immigration as a potential explanatory dimension of unwanted fertility, that is, few have taken into account immigration as a life experience that may change dramatically women chances and aspirations in terms of desired family size. The few studies that included migration often neglected two important dimensions of the migration experience, namely, time since arrival and time of arrival. Literature on assimilation suggest that
immigrant’s fertility tends to line up with that of native born as time passed by (Parrado & Flippen 2012) and from one generation to another within proper context of reception (Parrado & Morgan 2008). Then the question that lingers is why we still observe high disparities in unwanted fertility between Hispanics and Whites. The key point seems to be the combination of the above mentioned dimensions of the migration experience. To our knowledge, there is no national level study that looked at the interaction of both temporal dimensions of the migration experience.

A study with Hispanic women at high risk of depression in Washington D.C. (n=215) did take into account the role of length of time in the US and language usage, both as measures of assimilation (Christensen et al. 2011). They reported that women with less than one year since arrival to the US had almost four times greater risk of having a mistimed birth which goes against the common stereotyped view of Hispanic immigrants as “anchor baby” woman. The first year of stay in the US is more likely to be related with women trying to get settle and find a job rather than start having a family. However the outcome seems to be the opposite, namely, unwanted and mistimed births. This may mean that factors that prevents women having unwanted or mistimed births such as age, marital status or education, may not be protective among immigrants.

Finally, a larger study for Texas reported results to some extent consistent with national level evidence. Young women are more likely to have unintended births, same with unmarried and uninsured women. After including the migration dimension the authors conclude “Among US-born Hispanic women, higher prevalence of unintended birth was associated with being young, unmarried and experiencing psychological stressors within 12 months of giving birth; among foreign-born Hispanic women, higher prevalence was associated with lack of insurance.” (Vasquez et al. 2015). Even though the last studies are not nationally representative, they do contain key features of the migration experience.

Combined, the literature suggest a potential unexplored link that need to be addressed both at the national and at the individual level. At the national level there seems to be a relationship between the immigration rates to the US and the fluctuations of unwanted births among immigrants in general, and among Hispanic foreign born in particular. At the individual level, the migration experience in terms of both, context of reception and length of the stay in the
US seem to be highly correlated with the experience of an unintended birth. To which extend this statements hold for the whole country and to which extent they are true for all immigrant populations or only for Hispanics? Those are the two questions that guide this article.

**Data and Methods**

We investigate these issues using data from four waves of the National Survey of Family Growth –NSFG- (1995, 2002, 2006-2010 and 2011-2013). For each wave, we included all the live births that occurred in the US within the previous five years. This allows us to have sufficient number of cases in order to produce reliable estimations. We restrict our analysis to births occurred in the US since our focus is on the influence of the context of the reception combined with the length of the stay in the US as key factors explaining unwanted fertility among immigrants.

Our main outcome is the number of unintended births including, unwanted and mistimed. The former correspond to situations in which the mother never wanted a baby of that birth order, the later correspond to births that occurred to soon. Compare to the three last waves, the 1995 wave did not apply the exact same questions to identify unwanted and mistimed birth, this wave had a slightly different methodology that produced underestimations of unintended births. However, after 2002 onwards the estimations are fully comparable. It is important to note that, by working with underestimations of unintended birth we are producing conservative estimations and then our result can be taken as a lower bounded.

Our hypothesis are related to both levels: aggregated and individual. At the aggregate we hypothesis that the observed fluctuations in the proportion of unintended births are a consequence of changes in the immigrations flows of Hispanic population, mainly of women from Mexico. Two main facts support our hypothesis. On the one hand during the period of study there were important fluctuations in the migration flows due to economic crisis such as the crisis of 2001 and The Recession which jointly prevented potential immigrants to come to the U.S. Moreover, as shown in the previous section there is evidence on how recent immigrants are at a higher risk of an unwanted birth given the lack of knowledge and access to effective
contraceptive methods. In other words, we argue that the proportion of unintended births among the Hispanic and Other immigrant population is a function highly determine by the proportion of recent immigrants (less than five years after arrival), we first explain the compositional effects on the proportion of unintended births and then we look at the two different types of unintended births, namely, mistimed and unwanted. To test this hypothesis we contrasted the annual series of unintended births and the composition of the migrant population based on the length of time since arrival to the US.

At the individual level we will use event history analysis to predict the likelihood of a birth and the likelihood of an unintended birth controlling for socioeconomic and demographic factors. In this framework our variables of interest are those related to the migration experience, namely, nativity and length of time since arrival to the US.

[For the purpose of this submission we present only the population level results. We are still working in the individual level analysis.]

Preliminary results

Population level analysis

For the purpose of this submission we report only the population level analysis. The final paper will include the individual level results.

As a way of resembling previous findings and setting up the framework for our argument we start by presenting the proportion of unintended births since 1995 until 2011-13 by a broad category of race and ethnicity (refer to table x).
Table x: proportion of unintended births by period and race/ethnic groups. In parenthesis the estimated coefficient of variation expressed as a percentage (ECV)

For Hispanics the proportion of unintended births is erratic across the five periods. Compare to the two major ethnic groups in the U.S., Hispanic have intermediate levels of unintended fertility between Whites and Blacks. Conversely, these last two groups display stable proportions of unwanted births across time being the proportion for Blacks 1.8 times bigger than the proportion for Whites. Finally, the pattern among the remaining category is more complex with an initial increase and later decrease. It must be noted that estimations for this group are not reliable as reflected in the estimated coefficient of variation.

Fluctuations among Hispanics are highly related with immigration rates. Figure x presents jointly the proportion of unwanted births, mistimed births and the proportion of recent immigrant women with respect to the total immigrant population. The increase of recent migrants between 1995 and 2002 corresponds to a period of expansion of the migration flow stopped by the 2001 economic crisis, this proportion started to decrease steeply until the most recent period having the biggest fall between the periods of 2006-07 and 2008-10 which correspond to the Recession.
From a descriptive point of view, the trends in the proportion of unwanted and mistimed births seem to resemble the trend of the recent migrant population which suggests a potential link among these two demographic processes. It is reasonable to believe in such a link given the relative vulnerable situation of recent immigrant women in terms knowledge and barriers of access to contraception documented in the literature. Moreover, the trend on recent immigration seems to be closer to the trend of unwanted births rather than to the trend of mistimed and unintended as a whole. The Pearson correlation coefficients between the proportion of recent migrants and each of the three series of unintended fertility are 0.22 for mistimed births, 0.78 for unwanted and 0.68 for both combined.

The recent immigrant population in figure x is composed by people from many different countries, most of them come from Mexico. Nevertheless, different immigration waves had had different composition, for example the wave of the 90’s had a huge participation of people from Asia. Unfortunately, the samples size does not allow to perform analysis neither by continents nor by regions of the world. The only desegregation that can be done is among Hispanics. After 2002 Hispanics were more than a half of the recent migrant population which implies that the observed patterns of unintended births are heavily determined by them. Figure x was replicated for them.
Results coincide with the previous description. Moreover, linear correlations became stronger. They are 0.19 for mistimed births, 0.92 for unwanted and 0.67 for both combined. This suggests that recent immigration rates are positively associated with the proportion of unintended births, especially with the proportion of unwanted births. Finally, this result can be confirmed by looking at the rates of unintended fertility by nativity and years since immigration (refer to figure x).

Figure x: annual rate of mistimed (left) and unwanted births (right) by year and nativity status
Rates of mistimed births are consistently higher among recent immigrants, while differences between old migrants and native born do not have a unique direction. Unwanted births are less common and display less variability within groups. These two figures show how mistimed and unwanted birth are two different phenomena and may be studied separately.
References


Potter, J.E. et al., 2012. Frustrated Demand for Sterilization Among Low-Income Latinas in El Paso, Texas. *Perspectives on Sexual and Reproductive Health, p.n/a–n/a*.

