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ABSTRACT

September 25, 2015
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Early and unmarried childbearing is frequently identified as a driver of inequality in the United States, where roughly half of recent pregnancies are unintended. Recent policy discussions highlight the potential for long-acting reversible contraceptives, such as the intrauterine device (IUD), to reduce poverty and inequality. Yet our understanding of social-class disparities in IUD use remains limited. Although policy discussions focus particularly on the association between the timing of a first birth and the life changes of women and their children, little work directly investigates how contraceptive choice varies across three key stages of a woman’s reproductive life cycle: the time before a first birth occurs (childbearing “starters”), the time between births (childbearing “spacers”), and the time after the end of intended childbearing (childbearing “stoppers”). In our sample of 6,189 contracepting women of reproductive age in the 2008-13 rounds of the National Survey of Family Growth (NSFG), we find IUD use to be more common among childbearing spacers than among childbearing starters and stoppers. We also show that our understanding of socioeconomic disparities in IUD use changes considerably when viewed through the lens of the reproductive life cycle. Use of this highly-effective, reversible, method is associated with educational advantage among childbearing starters and stoppers, but is associated with educational disadvantage among childbearing spacers. We consider these findings in light of ongoing policy discussions about the potential for IUDs to reduce inequality and poverty among disadvantaged women and children. We argue that such discussions must take into account the multiple contraceptive goals women may hold, including disease prevention as well as effectiveness.