

POLICY BRIEF

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Out-of-Wedlock Births in Michigan: Everyone Pays a High Price

by Dan Jarvis

Summary: A woman's marital status at the time of her pregnancy is a significant factor in putting her child at risk. Nearly two-thirds of out-of-wedlock births and many of the subsequent health problems are paid for with public funds. Furthermore, unmarried mothers are more likely to depend on public assistance years after the child is born. While most out-of-wedlock pregnancies are unintended and to young women, a surprising number are intentionally conceived.

Is It A Problem?

Out-of-wedlock births have skyrocketed over the past 65 years. In 1940, only 3.8 percent of U.S. births were out-of-wedlock.¹ By 2003, a staggering 34.6 percent of all births in the United States occurred out-of-wedlock.²

Michigan's trends are similar. In 1963, Michigan reported that out-of-wedlock births accounted for only 4.9 percent of all births.³ Today, our state's out-of-wedlock rate mirrors the national level at 34.6 percent.⁴ For Michigan, that means 45,321 babies born to single mothers in 2003 alone.⁵ Among first births, 42.2 percent of all births are out-of-wedlock.⁶ **Only four states (Louisiana, Mississippi, New Mexico, South Carolina) have a higher four-year average out-of-wedlock birthrate than Michigan, according to the U.S. Census Bureau.**⁷

Putting this into perspective, more than half of the counties in Michigan—forty-five—have a population less than the

number of babies born out-of-wedlock each year.⁸ The vast majority of these pregnancies are unplanned, uninsured and at higher risk than pregnancies among married women. Not surprisingly, the public is increasingly carrying the load of these costly births.

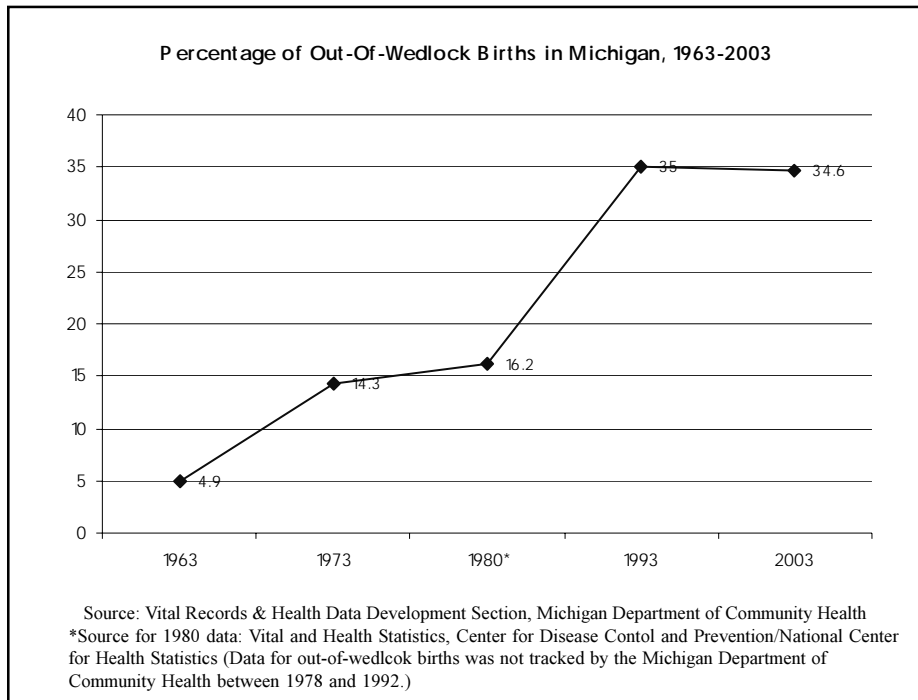
According to the 2002 Pregnancy Risk Assessment Monitoring System (PRAMS), unmarried women were more than twice as likely as married women to report that a pregnancy was unintended (68.5% vs. 29.4%). Fully 70 percent of married women reported that their pregnancy was intended. Furthermore, among married women reporting an unintended pregnancy, most said it was not an "unwanted" pregnancy but rather a "mistimed" one, as they wanted to become pregnant at a later date.⁹ PRAMS estimates that 13,500 pregnancies that are carried to term are truly "unwanted," the bulk being among unmarried women. However, most unwanted

pregnancies result in an abortion. In 2004, Michigan residents reported 25,512 induced abortions, 21,789 of which were obtained by unmarried women.¹⁰

Ten counties with the highest percentage of out-of-wedlock births, 2003

Lake	55.0
Wayne	47.6
Roscommon	47.4
Crawford	46.8
Genessee	46.1
Saginaw	45.8
Calhoun	44.9
Mackinac	44.2
Muskegon	44.1
Jackson	43.9

Source: Michigan Department of Community Health, Division of Vital Records and Health Data Development Section, 2003



Contrary to popular belief, teen pregnancy is not the primary source of out-of-wedlock births. The single biggest age group of unwed mothers is young women aged 20-24, with fully 60 percent of all out-of-wedlock births occurring among women in their 20's. While it is true that 88 percent of teen births are out-of-wedlock (most of which are by 18 and 19 year olds), they represent only 23 percent of the total births to single mothers.¹¹

Single Mothers By Choice?

There is a growing phenomenon around the country of women becoming single mothers by choice (SMC's). While Candice Bergen's television character, Murphy Brown, ignited the public discussion back in 1992, the trend today is steadily on the rise, and one can find books and Web sites to assist women in their deliberate efforts to raise a child without a father. Clearly, more and more women are asking the question "Is a father really necessary for a healthy family?" Women who self-identify as a SMC believe they are making a responsible and ethical choice.¹²

Michigan is no exception in the growth of women choosing to become

single mothers. While over 30,000 out-of-wedlock births in 2002 were unintentional, nearly one-third of all births by unmarried women that year were intentionally conceived, according to the 2002 PRAMS report. That translates to nearly 14,000 babies intentionally conceived by unmarried women.

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Some attribute this growth in out-of-wedlock births to "technology shock," the advent of widespread contraception and abortion in the late 60's and early 70's.¹³ Prior to easy access to contraception and abortion, all women (and most men who were expected to do the "honorable" thing and enter a "shotgun" wedding) had a tremendous incentive to avoid sexual activity. Even women who had no moral or social apprehension to engaging in sexual activity did not want to face the social or financial hardship

that came with single motherhood.

Easy access to abortion and contraception provided women who were willing to engage in premarital sexual activity with an easy out to unwanted motherhood. Similarly, it provided males with the perfect opportunity to avoid an unwanted marriage if pregnancy resulted from sexual activity. In the event a woman did get pregnant, males could avoid "shotgun weddings" and assuage their conscience by telling themselves that if the woman chose to keep the baby, it was exactly that, her choice.

Within a few short years, women who had qualms about engaging in pre-marital sexual activity found themselves in an inferior position to women who were willing to engage in sexual activity. Not only did they no longer have the excuse of wanting to avoid an unwed pregnancy (contraception and abortion could solve that), they also had to worry about losing a relationship with their partner to a woman interested in sexual activity.

With more women willingly engaging in sexual activity, more women being pressured into sexual activity which they had previously resisted due to social or moral qualms, more men refusing to engage in "shotgun weddings," and a nation increasingly willing to provide support to single-parent families, the nation was ripe for an explosion of out-of-wedlock births.

Low Outcomes, High Costs

Babies born to unmarried mothers face significant health challenges that babies born to married mothers do not face. According to the Michigan Department of Community Health, over 11 percent of babies born to unmarried mothers receive inadequate prenatal care while less than half that rate, just over 5 percent, of babies born to married mothers suffer from such shortfalls.¹⁴ Inadequate prenatal care may contribute to the significantly higher number of low birthweight babies

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among unmarried women (10.6%) compared to married women (6.9%).¹⁵ More tragically, the infant death rate among unmarried women is over twice as high as that of babies born within the confines of marriage.

According to the CDC's National Center for Health Statistics, Medicaid funds pay for all or part of pregnancy related medical costs for 68 percent of unmarried women.¹⁶ Among married women, public expenditures were used in only 20 percent of the pregnancies.¹⁷ Conversely, 80 percent of married women reported using a combination of their own money or insurance to pay for a pregnancy, while 29 percent of unmarried

mothers.

Disadvantages for the mothers and babies continue into the later years. Women who have children outside of marriage are almost four times as likely to be in poverty. Based on U.S. Census data, 49.2 percent of unmarried women who give birth in Michigan are below the poverty level, while only 12.9 percent who give birth while married are below the poverty level.²⁰ This disparity is not because unmarried mothers are unable to get jobs. In fact, new mothers who are unmarried are more likely to work outside the home than are new mothers who are married. Households with married parents are more able to choose

women reported doing so.¹⁸ Government sources other than Medicaid made up the bulk of the remaining expenditures. In 2003, Michigan paid for 46,016 births through Medicaid.¹⁹ Roughly 31,000 of those births were to unmarried

whether both spouses work or whether one works and the other (usually the wife) manages the home. Single mothers do not have that option. Consequently, while 69.5 percent of unmarried Michigan mothers work outside the home, only 57.6 percent of married mothers choose to do so.²¹

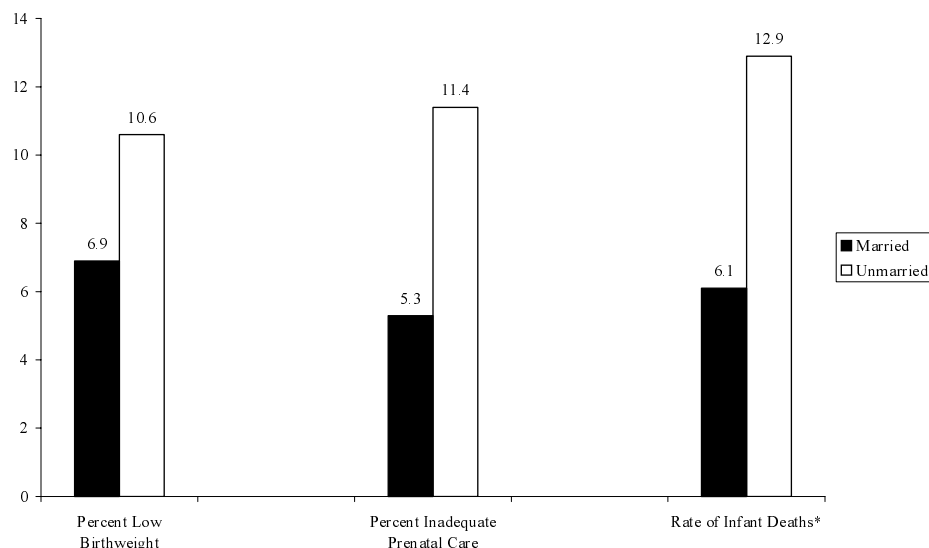
The evidence is overwhelming, and the debate is largely settled regarding the well-being of children in single-parent families. Children are better off in every facet of life—socially, economically, psychologically, academically, emotionally and physically—when they are raised by both biological parents. Children raised by both biological parents are less likely to live in poverty or experience health problems.²² Studies show that across every race and ethnic group, children living in married couple households have the lowest poverty rates.²³ Michigan must work to reduce out-of-wedlock pregnancies for the sake of the taxpayers, the benefit of the birthmothers, and, most importantly, for the sake of children who are always better off when they have the benefit of living with their married, biological parents.

Recommendations

There are several actions Michigan can take to begin to reduce out-of-wedlock pregnancies.

- Michigan must begin to track the costs associated with pre-marital sexual activity, beginning with an accounting of public expenditures associated with out-of-wedlock pregnancies. Taxpayers have a right to know how much "private choices" are costing them. Similarly, the state should investigate how many unmarried women are receiving fertility treatments. Whether these treatments are paid for with tax dollars or by private insurers who are mandated to pay for them, subsidizing the creation of fatherless families seems unwise, if not outright unethical.

Pregnancy Outcomes by Marital Status



*Infant death rate is the number of deaths among infants under 1 year per 1,000 births.
Source: Michigan Department of Community Health, Division of Vital Records and Health Data Development Section, 2003

- Individuals should be allowed to claim unborn children as dependents for income tax purposes if the mother is receiving prenatal care. Such a move would provide a financial incentive to seek prenatal care by offsetting pregnancy-related expenditures. Similarly, a couple that is in the process of adopting a child should be able to claim the child as a dependent for health insurance purposes in order to provide important medical care. Safeguards to prevent the exploitation of birthmothers, adoptive parents and insurers can be put in place at the same time that legal obstacles to cov-

erage and care are removed. Such a measure may save all parties both financial and health-related hardships that result from inadequate care.

- Out-of-wedlock births will decline as out-of-wedlock sexual activity declines. The past decade has seen a 10 percent drop in the levels of sexual activity among school-age youth as a result of national efforts to promote abstinence. There has been a similar decrease in teen pregnancies. We must redouble our efforts to secure and accelerate this trend. We must also expand this message to older teens and those in their

early twenties. Federal regulations allow states to use Title X family planning funds to promote abstinence as a method of family planning. Michigan must dedicate some of the Title X funding toward statewide abstinence initiatives, such as the Michigan Abstinence Partnership.

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