Family planning under financial constraints
Contraceptive use among women receiving means-tested unemployment benefits in Germany

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International evidence shows that contraceptive behavior depends, among other things, on socioeconomic factors such as income and education. The aim of this paper is to analyze the relationship between low-income status and contraceptive behavior in Germany in more detail. As an indicator of low income we use the receipt of a means-tested benefit called “Unemployment Benefit II” (UB II). We assume that the transition into this benefit program is related to a change in women’s contraceptive choices, in favor of using unpaid methods or no contraceptives at all. Using data from the German Family Panel 
pairfam, we focused on the use of any contraceptive method which involves costs to the user, as opposed to the use of methods which do not incur monetary costs (e.g., natural contraception) or the disuse of any contraceptives.

Our bivariate logistic model on the pooled dataset shows that women receiving UB II without the intent to have children in the next two years are less likely to use paid contraceptives than non-recipients. However, this appears to be a spurious correlation, as the longitudinal hybrid model shows no relation between intrapersonal changes regarding UB II and the use of contraceptives subject to cost. This model also provides evidence that women with a migration background and lower education are less likely to use paid contraceptives.

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1. Introduction

In advanced economies such as in Western Europe, family formation is no longer an unquestioned part of an individual’s life course. Having children is perceived as a matter worthy of careful consideration and decision-making processes, as becoming a parent implies long-term consequences and competes with other options in the life course, such as a career. Efficient means of contraception allow for better family planning with regard to both the number and timing of childbirth(s).

However, unwanted and/or unplanned pregnancies due to non-use or incorrect use of contraceptives do occur (Helfferich, Hessling, Klindworth, & Wlosnewski, 2014). International evidence (especially from the USA) shows that contraceptive behavior strongly depends on socio-demographic and structural factors (Frost, Singh, & Finer, 2007; Shih, Vittinghoff, Steinauer, & Dehrendorf, 2011; Skouby, 2010; Upson, Reed, Prager, & Schiff, 2010). Non-use or misuse of contraceptives is – among other aspects – partly related to a lack of formal education, financial barriers, and deficient health insurance coverage.

As to the situation in Germany, there is also empirical evidence suggesting that contraceptive decisions and their use are influenced by financial constraints (Gäckle, 2009; Helfferich, Klindworth, Heine, & Wlosnewski, 2016). As prescription and over-the-counter contraceptives, with a few exceptions, are not covered by health insurance plans, low-income women may forgo the use of more costly, and often more effective, contraceptive methods for financial reasons. Considering these facts, we aim to investigate the relationship between limited income and contraceptive behavior in the German context in more detail. We use the receipt of “Unemployment Benefit II” (UB II) as an indicator for
low income, which is a means-tested social assistance program at the household level.1 Our assumption is that receiving UB II could induce a change in women's contraceptive behavior in favor of using unpaid or no contraceptives at all. We restrict our analysis to women as we assume that women are especially interested in using the most effective contraceptive methods available in order to avoid unwanted and/or mistimed pregnancies.

The following section briefly summarizes the results and shortcomings of previous research on the determinants of contraceptive behavior. Next, we clarify our theoretical assumptions and research hypothesis. Section 4 describes the German Family Panel pairfam as the data base, as well as our sample definition. We then illustrate our analytical strategy, the employed statistical methods, and the variables included in our estimations. Finally, we present the results of these estimations and draw conclusions for further research and policy considerations.

2. Previous research

There is a long tradition of research on the determinants of contraception and unintended pregnancies, especially in the USA and the UK (see e.g. Dehdendorf et al., 2011; Dehdendorf et al., 2014; Dehdendorf, Rodriguez, Levy, Borrero, & Steinauer, 2010; Frost & Darroch, 2008; Foster et al., 2004; Frost et al., 2007; Jacobs & Stanfors, 2013; Morau, Bouyer, Gilbert, & Bajos, 2006; Shih et al., 2011; Upson et al., 2010) due to the fact that both countries have very high teenage pregnancy rates compared to other Western countries such as Germany (Hoggart, 2006). According to these studies, contraceptive behavior depends to a large extent on socio-structural variables such as education, income, and ethnicity. A possible explanation for the association between socio-economic variables and contraception are financial hurdles: women with a lower socio-economic status and fewer financial resources cannot afford to use more effective and more costly contraceptive methods. This explanation is also supported by studies on the relationship between contraceptive use and health insurance coverage. Culwell and Feinglass (2007) report that American women without health insurance use contraceptives less often than do insured women. Other possible reasons for nonuse or misuse include a lack of appropriate information, cultural or religious barriers, or fear of negative side effects. In Germany, the Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung) is largely responsible for studying contraceptive behavior (Bundeszentrale für gesundheitliche Aufklärung, 2009, 2011a, 2011b). Their studies, too, show that a lower level of education, lower income, and the receipt of means-tested social benefits are associated with non-use of contraceptives and higher rates of unwanted pregnancies. According to the most recent study on unintended pregnancies in Germany (Helfferich et al., 2016), nearly seven percent of poorly educated, sexually active women aged 20–44 who did not intend to have a child did not use contraceptives at all. Among better educated women, only about three percent did not implement any contraceptive methods. Women who received social benefits used relatively expensive methods such as oral contraceptives less often, whereas they relied more often on male condoms than did women in more favorable financial situations. Furthermore, more than one-fifth of women receiving social benefits reported not having used contraceptives due to financial reasons at least once in their lives.

Despite the wide range of previous research on contraceptive behavior, at least two issues have not been addressed sufficiently by existing studies. First, most studies focus on contraceptive use only from a cross-sectional perspective; that is, they analyze if contraceptive behavior differs according to socio-structural variables at one specific point in time. Thus, these analyses offer no information as to whether individuals change their contraceptive behavior due to a change in their economic situation or insurance status. One partial exception is a study aimed at analyzing the effects of the introduction of a new means-tested social benefit “Unemployment Benefit II” (UB II) in Germany in 2005. Gackle (2009) interviewed a small sample of pro familia clients (N = 69) and reported that only a third of the women receiving UB II always used contraceptives, whereas 67% did so before the receipt of UB II. Besides presenting severe limitations due to the selectivity of the sample, the study collected only retrospective reports about contraceptive use before receiving UB II, which tend to be less reliable than panel data.

Second, many quantitative and qualitative studies have shown that not only structural variables, but also personality factors (Oddens, 1997; Stidham Hall, Moreau, Trussel, & Barber, 2013) and risk preferences (Schmidt, 2008) play a crucial role in contraceptive behavior and decision-making processes. Ambivalent or fatalistic attitudes towards pregnancy or the hope to escape poverty or give sense to one’s life by becoming a mother can interfere with rational decisions regarding pregnancy avoidance (Bajos, Leredon, Goulard, Oustry, & Job-Spira, 2003; Brückner, Martin, & Bearman, 2004; Gribaldo, Judd, & Kertzer, 2009; Helfferich et al., 2014; Higgins, Hirsch, & Trussell, 2008; Hoggart, 2006; Killion, 1998; McQuillan, Greil, & Shreffler, 2011; Bocca, Harper, & Raine-Bennett, 2013; Schwab Zabin, 1999; Stevens-Simon, Kelly, Singer, & Cox, 1996). These factors are likely to be associated with socio-economic status as well, along with further latent traits which could affect both the ability to achieve financial security and one’s attitude towards family planning.

Thus far, a research design that controls for underlying heterogeneity of these factors in order to assess the net effect of an individual’s economic situation on contraceptive decisions has not yet been suggested.

3. Theoretical considerations and research hypothesis

In advanced economies, the widespread availability of contraceptives offers women the possibility to better determine the number and timing of their children. One could assume that women are particularly interested in using contraceptives to avoid unwanted or mistimed pregnancies, as motherhood can be costly and connected with far-reaching consequences affecting other life dimensions (e.g. Birg, 1991; Buhr & Huinink, 2014; O’Rand, 2009). However, as previous literature has shown (see above), several barriers may hinder the use of contraceptives, especially those which are more effective and therefore connected with higher monetary costs. Our analyses concentrate on possible financial hurdles to the use of more effective contraceptives in the German context.

With the exception of women under the age of 20 to whom prescription contraceptives (e.g., “the pill”) have been made available at no cost through public health insurance (§24a Sozialgesetzbuch [SGB] V), contraceptives are generally not covered by health insurance plans in Germany. This raises the question if low-income women can afford more effective contraceptives,2 and whether it would be necessary to implement special social programs to support financially disadvantaged women by

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1 More details on the program will be provided in Section 3.

2 Pro familia is the leading non-governmental organization for sexuality and family planning in Germany.

3 According to the German organization pro familia, German women invest between 4 and 20€ per month for hormonal contraception (see: http://www.profamilia.de/fileadmin/profamilia/Verhuertungskosten_2015-2-27_geschuetzt.pdf)
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