

John B. Casterline
Interested Party Testimony - Senate Bill 23
Ohio House Health Committee
March 26, 2019

Chairman Merrin, Vice Chair Manning, Ranking Member Boyd and Members of the Health Committee:

My name is John Casterline, and I am providing written testimony today on SB 23 as a citizen of Ohio. I am an academic/researcher specializing in demography and public health. I earned my MA and PhD from the University of Michigan. I am currently Lazarus Professor in Population Studies at The Ohio State University, and I serve as President of the Population Association of America, the leading organization for researchers in demography.

Behavioral and health scientists have conducted extensive empirical research on the topic of unintended pregnancy. A pregnancy is classified as “unintended” if a woman says that she did not want to have a child at the time she became pregnant. Overall, about one-third of births in the United States result from an unintended pregnancy. Women who seek induced abortions are women with an unintended pregnancy; if they do not obtain the abortion, then an unintended birth will occur.

Myself and other scientists have investigated in depth the reasons women decide to have an abortion. What we have discovered is that women take this decision seriously. And we have discovered that the main reason women seek an abortion is their concern that with an additional child they will be unable to provide adequate care and resources to this child and to his/her siblings. **That is to say, for most women this is a deeply moral decision motivated by a desire to protect the well-being of their family, especially their children.**

Other empirical research confirms that women’s concerns are valid. I refer to research on the consequences of unintended births¹. At issue are consequences for children, for families, and for communities. In the remainder of this testimony, I will share with you the main conclusions from this research, namely:

1. Children who were unintended births rate poorly on health indicators, other aspects of child development, and risk of poverty.
2. The siblings of unintended births also suffer negative consequences.
3. The parents of unintended births show worse emotional well-being, their relationships are more likely to break up, and their households are more likely to be in poverty.

First, the disadvantage of the child. **Children born from an unintended pregnancy are disadvantaged in many respects.** The mother receives less prenatal care, and the babies are more likely to be low birthweight. These children are less likely to be breastfed. Later, these children are in worse health²,

¹ These findings come from a large body of research summarized in Gipson, J. D., Koenig, M. A., & Hindin, M. J. (2008). The effects of unintended pregnancy on infant, child, and parental health: a review of the literature. *Studies in Family Planning*, 39(1), 18-38.

² Crissey, S. R. (2005). Effect of pregnancy intention on child well-being and development: Combining retrospective reports of attitude and contraceptive use. *Population Research and Policy Review*, 24(6), 593-615.

and they show slower socio-emotional development³. Even in young adulthood, these children have achieved less in school and show more symptoms of depression⁴. **Very importantly, these children are far more likely to be in poverty.**

The negative effects ripple through the family: **research shows that the older siblings of an unintended birth receive less family support and resources⁵**, and they reside in households that are more likely to be low-income.

Finally, the effects on parents. **Research shows that unintended births are detrimental for the mental health of both mothers and fathers (especially mothers)⁶**. Considering this, it is not surprising that having an unintended birth increases the chances that a relationship will break up⁷. Moreover, the parents are more likely to be in economic distress. One reason for the economic struggles is the lower educational attainment of women who have unintended births, in part because an unintended birth can curtail their schooling.

This is my concise summary of a large body of empirical evidence. Thank you for your attention.

JOHN B. CASTERLINE, PhD

³ Saleem, H. T., & Surkan, P. J. (2014). Parental pregnancy wantedness and child social-emotional development. *Maternal and Child Health Journal, 18*(4), 930-938.

⁴ Su, J. H. (2017). Unintended Birth and Children's Long-term Mental Health. *Journal of Health and Social Behavior, 58*(3), 357-370.

⁵ As measured by the HOME score, a validated scale used to assess conditions in the home that contribute to child development, for example age-appropriate learning materials and parental interaction styles. Barber, J. S., & East, P. L. (2011). Children's experiences after the unintended birth of a sibling. *Demography, 48*(1), 101-125.

⁶ Su, J. H. (2012). Pregnancy intentions and parents' psychological well-being. *Journal of Marriage and Family, 74*(5), 1182-1196.

⁷ Guzzo, K. B., & Hayford, S. R. (2012). Unintended fertility and the stability of coresidential relationships. *Social Science Research, 41*(5), 1138-1151. Maddow-Zimet, I., Lindberg, L., Kost, K., & Lincoln, A. (2016). Are pregnancy intentions associated with transitions into and out of marriage?. *Perspectives on sexual and reproductive health, 48*(1), 35-43.