



ELSEVIER

 JOURNAL OF
 ADOLESCENT
 HEALTH

www.jahonline.org

Original article

Male Abortion Beneficiaries: Exploring the Long-Term Educational and Economic Associations of Abortion Among Men Who Report Teen Pregnancy


 Bethany G. Everett, Ph.D.^{a,*}, Kyl Myers, Ph.D., M.S.^b, Jessica N. Sanders, Ph.D., M.S.P.H.^b, and David K. Turok, M.D., M.P.H.^b
^a Department of Sociology, The University of Utah, Salt Lake City, Utah^b Department of Obstetrics and Gynecology, University of Utah, Salt Lake City, Utah

Article history: Received January 4, 2019; Accepted May 1, 2019

Keywords: Abortion; Teen fatherhood; Education

 A B S T R A C T

Purpose: The aim of the study was to determine if men who report avoiding adolescent fatherhood through a partner's use of abortion have different socioeconomic outcomes than men who report a live birth during adolescence.

Methods: We analyzed a subsample of men who reported a pregnancy before the age of 20 years that ended in either a live birth ($n = 460$) or abortion ($n = 137$) in the National Longitudinal Study of Adolescent to Adult Health. We used propensity score and exact matching of baseline characteristics from Wave I of the study completed in 1994 to compare college completion and income reported in Wave IV of the study completed between 2007 and 2008.

Results: Among men who reported a live birth, 5.8% reported graduating from college, and 32.4% had any post-high school education compared with 22.1%, and 58.5% of men who reported a pregnancy ended in abortion. In the multivariable matching analysis, men whose adolescent pregnancies ended in abortion had an increased probability of graduating from college (average treatment effect = 8.6; $p < .01$) and completing any post-high school education in the treatment group (average treatment effect of the treated = 16.5; $p < .001$) than men whose adolescent pregnancies ended in live birth. We found a positive association between abortion and personal income only compared to men who did not reside with their child born during adolescence.

Conclusion: Women's use of abortion services were associated with educational benefits for men who report teen pregnancies.

© 2019 Society for Adolescent Health and Medicine. All rights reserved.

IMPLICATIONS AND CONTRIBUTION

Access to abortion may positively impact the educational attainment of men who report a teen pregnancy.

Parental age at first birth is an important indicator of educational attainment and economic mobility: teenage parents are less likely to complete high school or college than their peers who postpone childbearing [1]. When framed through a life

course perspective, delaying childbearing is positively associated with an individual's likelihood of completing college and greater financial resources [2–4]. To date, most research has focused on the impact of adolescent and unintended pregnancy and resulting births on women and their offspring [5–8]. A smaller body of research, however, also suggests that adolescent pregnancy may also negatively impact teen fathers' socioeconomic trajectories [1,9]. Although there are several ways to avoid parenthood during adolescence, the use of abortion to terminate

Conflicts of interest: The authors have no conflicts of interest to disclose.

* Address correspondence to: Bethany G. Everett, Ph.D., Department of Sociology, University of Utah, 380 S 1530 E Rm 301, Salt Lake City, UT 84112.

E-mail address: bethany.everett@soc.utah.edu (B.G. Everett).

a pregnancy is one such understudied mechanism. This article specifically examines the impact of delayed parenthood through the use of abortion on men's socioeconomic status (SES).

Using nationally representative data, previous research found that teen fatherhood is associated with decreased years of schooling and reduced likelihood of receiving a high school diploma [1,10]. Teen fatherhood may also increase the odds of full-time employment at younger ages and subsequently not affect short-term earnings [10]. Other work has shown that young men may enter the workforce before earning their high school or college degrees to avoid being labeled a "deadbeat dad" [11]. Data from a sample of African American men from a socially disadvantaged neighborhood found no effect of teenage fatherhood on employment or education [12]. The lack of difference in socioeconomic outcomes in this study may reflect overall differences in opportunity costs across different communities, race/ethnic groups, and SES in terms of early childbearing [13].

Most adolescent pregnancies are unplanned pregnancies, many unwanted, and more than one in three end in abortion [14]. Understandably, abortion has largely been framed as a "woman's issue," and much of the research on abortion has focused on the effects of access to abortion on women's lives [15,16]. Although the negative effects of unplanned pregnancy may disproportionately impact women, the availability and use of abortion to support reproductive and parenting goals may also impact the lives of their male partners who are able to avoid unwanted parenthood after an unintended pregnancy. Watson [17] uses the term "abortion beneficiaries" to highlight that in virtually all cases of abortion, there are individuals, beyond the woman, who may benefit from her use of abortion services, including a male partner. Women who successfully access abortion after an unwanted pregnancy are less likely to be in poverty later in life [15]. It is possible that a man's SES may also be impacted by a partner's abortion insofar as he is able to avoid early and unwanted parenthood, complete his education, and pursue a more financially lucrative career; but how abortion impacts men's future SES is unknown.

When men are the focus of abortion research, it is often in the clinic setting, immediately before or after the abortion procedure [18,19]. Although men may have a limited capacity to ultimately decide whether a pregnancy ends in a live birth or abortion, some research has shown that in general, men are supportive of women's access to abortion [20]. And, in hypothetical scenarios, adolescent men view unintended pregnancies as events that will negatively impact their educational and career goals [21,22].

Understanding the impact of abortion on male adolescents' future SES is complicated by several factors. First, there are selection factors that influence both the odds of experiencing a teen pregnancy, as well as future SES. Young men who experience teen pregnancy have lower SES and increased odds of engagement in risk behaviors than young men who do not report a teen pregnancy [23]. Second, once a pregnancy happens, women may terminate a pregnancy specifically because a male partner is perceived as being unwilling or unable to support a child [24]. Third, there may be selection bias, as only some male partners *know* that a pregnancy and/or an abortion has happened, and others do not. Many women consider their male partners in their decision-making processes about having an abortion [25], and the majority of women having abortions inform their male partners about their abortions [20]. However, women may elect not to disclose their pregnancy or abortion for a number of reasons, including not being in a relationship with

the person or experiencing reproductive coercion or intimate partner violence in the relationship [20,26]. Women may also choose not to disclose an abortion to a partner because of a perceived negative reaction from a partner. Although it is unclear whether perpetrating intimate partner violence in adolescence is associated with future SES, lower SES is associated with higher rates of disapproval of abortion as a way to end a pregnancy [27,28].

Recognizing these challenges, we approach an analysis of Watson's concept of "abortion beneficiaries" to adolescent men. The goal of this work was to explore SES outcomes for young men who avoided teenage parenthood due to a partner's use of abortion compared with peers who reported adolescent parenthood. We conducted additional analyses to explore whether the relationship between abortion and future SES varied by whether the child was in residence, a proxy of father involvement [29,30].

Methods

This analysis used a subsample of men who reported a pregnancy before the age of 20 years from the National Longitudinal Study of Adolescent to Adult Health. We used a counterfactual framework and propensity score matching to compare income and college graduation in early adulthood (mean age = 29) between men who reported a teen pregnancy that ended in a live birth (control group) and those who reported a teen pregnancy that ended in abortion (treatment group). We recognize the limitations of using abortion data and the fact that among men, abortion is even more likely to be underreported than it is by women. And although we draw from a nationally representative sample, we are not attempting to provide prevalence estimates or generalizable inferences about the effects of abortion to a broader population. Rather, we were interested in a counterfactual analytical approach, where among a sample of adolescent men who experienced a teen pregnancy, we compared future SES among men who shared similarities across multiple characteristics that may have influenced both the likelihood of a pregnancy ending in abortion and future SES (e.g., parent education, family structure, future orientation [i.e., their expectations for future life accomplishments], alcohol use) in the treatment group (abortion) and the control group (live birth).

Data

The National Longitudinal Adolescent to Adult Health (Add Health) data set is a nationally representative, longitudinal data set of U.S. men and women [31,32]. Wave I data collection began in 1994. The sample was drawn from 80 high schools and 52 middle schools. A subsample of students was selected to participate in in-depth interviews ($n = 20,747$). The most recent complete follow-up survey (Wave IV) was completed between 2007 and 2008. Retention rate at Wave IV was 80.3%. The sample in this study was restricted to male respondents who reported a pregnancy before the age of 20 years in either Wave III or Wave IV that ended in live birth or abortion ($n = 643$). An additional 46 participants were excluded for missing data on key covariates, resulting in a final total eligible sample of 597 respondents. Because of missing data on some dependent variables, sample size varies slightly across outcomes and is reported in the Tables. Weighted sample estimates show that 10% of the total male sample reported a pregnancy that ended in live birth or abortion

before age 20 years at Wave IV of data collection. Ethics' approval was granted by the University of Utah Institutional Review Board.

Measures

Treatment. Wave IV Add Health survey respondents completed pregnancy history rosters, that included information on when and how the pregnancy ended (i.e., abortion, miscarriage, live birth, mode of delivery). Pregnancy histories reported in Wave IV are considered the most complete and recommended for use. Using respondent date of birth and the reported pregnancy end date, a measure was created that captured whether respondents reported a pregnancy before the age of 20 years. A dichotomous variable was created that captured whether a teen pregnancy ended in abortion (treatment = 1) or a live birth (control = 0). We excluded respondents who reported a pregnancy that ended in miscarriage because it is unclear whether miscarriage reported by a male partner reflects a true miscarriage, a pregnancy "scare," or a possible abortion that was reported as "miscarriage" on the survey. We argue that live births and abortions are concrete events and unlikely to be misreported if the male partner was aware they happened. Respondents who reported both having an abortion and live birth before the age of 20 years were coded as having a live birth (0). We used data from Wave IV household rosters to create an indicator of whether at Wave IV, the respondent reported living with their biological child born while they were an adolescent.

Education and economic status at Wave IV. Our three measures of SES, college completion, any post-high school education, and income, were derived from Wave IV of the survey. College completion captured whether respondents indicated that they had graduated from college (1 = yes, 0 = no) at Wave IV. We also included a measure that captured whether respondents had completed some post-high school education (i.e., vocational degree, associate's degree, some college completed [1 = yes, 0 = no]). Personal income is a continuous measure that ranged from \$0 to \$100,000.

Control variables. All models adjusted for paternal age, race/ethnicity (non-Hispanic White [referent], non-Hispanic Black, Hispanic, Asian, other race/ethnicity), and family structure at Wave I (two-biological-parent household [referent], single parent, other two-parent household; other family structure). Previous research has shown that the impact of teen fatherhood on future SES is mediated by the teen's parents' education completion [9]; thus, we controlled for parent education (less than high school or high school graduate [referent], some college or college graduate, missing) and federal poverty level (FPL) based on total household income reported by their parent at Wave I and household size (below 100% FPL [referent]; \geq 100% FPL; and missing).

We included additional baseline measures that may influence the likelihood of experiencing a teen pregnancy, abortion, as well as educational achievement and future income, including depressive symptoms, drinking, and generations of teen parenthood. Add Health measured depressive symptoms at Wave I using Center for Epidemiological Studies-Depression 10 scale that ranges from 0 to 22. Binge drinking at Wave I was measured from an item that asks respondents in the past 12 months if they had consumed five or more alcoholic beverages in a single day (1 = yes, 0 = no). Previous research has

shown that having a teen parent is predictive of teenage fatherhood [33]; thus, we included an indicator for "adolescent parent" if the difference between the age of respondent at Wave I and the age of the parent filling out the parent survey indicated that the parent was younger than age 20 years at the time of the respondent's birth. We measured future education orientation from a survey item that asked respondents at Wave I, "On a scale of 1–5, where 1 is low and 5 is high, how much do you want to go to college?" Religiosity was measured using an item that asked respondents, "How important is religion to you?" and ranges from 1 "very important" to 4 "not important at all." We also included a measure that captures whether respondents reported being married to or cohabitating with their pregnancy partner (1 = yes, 0 = no).

Analytical approach

We first present the descriptive statistics for the total sample and by whether the respondent reported the pregnancy ended in live birth or abortion. We conducted bivariate tests for all measures included in the analyses, adjusted Wald for continuous variables, and chi-square for categorical variables, by pregnancy status. We also present the descriptive statistics for men who reported live births, stratified by whether they resided with the child at Wave IV. We used a counterfactual framework and matching techniques to explore the effects of abortion on men's future SES compared with live births. This approach is common in social sciences where using an experimental design and randomization to a treatment or control group is either impossible or unethical [34,35]. Using propensity score matching, we are able to compare men who reported a live birth (control) with those who reported an abortion (treatment) who share similar probabilities of experiencing an abortion (control) based on a series of covariates that influence the likelihood of an abortion occurring and also may influence future SES. For this analysis, we used the "Teffects" package in Stata 15.0 (StataCorp LLC, Cary, NC) with the nearest neighbor specification. First, we entered all covariates described in the measurement section into an equation that predicts the probability of experiencing an abortion, our "treatment" for this analysis. We added the specification that there be exact matching on whether the respondent's family income in Wave I was $<$ 100% FPL and whether the respondent's parent had graduated or attended some college or not. These specifications ensured that our sample was closely matched on background SES. Then respondents who reported the "treatment" (i.e., abortion) were matched to respondents with similar probabilities to report the "treatment" but are in the "control" group (i.e., live birth). We compared education and income outcomes between matched treatment and control respondents. This result is called as the average treatment effect (ATE). We also present the average treatment effect on the treated (ATET), which tells us, among those in the treatment group (adolescents whose pregnancies ended in abortion), the relationship between abortion and their education and income at Wave IV. None of our observations fell out of the region of "common support," that is where they did not have a match that was within an acceptable distance in the propensity score for matching.

In addition, to account for differences in SES possibly introduced by variation in father involvement, we present results comparing men who reported abortions to those who (1) continued to live in the same household as their child born during adolescence at Wave IV and (2) did not live in the same

Table 1
Descriptive statistics

	Total sample (n = 597)	Live birth (n = 460)	Abortion (n = 137)	<i>p</i>	Child in residence (n = 194)	Child not in residence (n = 266)	<i>p</i>
College graduate (%)	8.6	5.8	22.1	**	9.4	3.2	*
Post-high school education (%)	36.9	32.4	58.5	***	36.3	29.5	
Personal income (\$)	33963.0	32941.0	38638.0	†	35320.7	31046.8	†
Paternal age (m)	18.5	18.6	17.9	***	18.7	18.6	
Federal poverty level (FPL) (%)							
<100% FPL	23.1	25.9	9.2	***	21.2	29.3	
≥100% FPL	53.3	49.8	70.2	*	55.4	45.9	
Missing	23.6	24.3	20.6		23.5	24.8	
Race/Ethnicity (%)							
White	53.9	50.6	69.5	*	52.2	49.5	†
Black	24.4	26.1	16.2		22.4	28.7	
Latino	16.8	18.4	9.1		23.4	14.8	
Other	5.0	5.0	5.2		2.1	7.0	
Family structure (%)							
Two biological parents	39.8	37.9	49.1	***	41.5	35.3	*
Other two parent	17.2	17.3	16.9		10.4	22.3	
Single mom	22.7	24.6	13.5	**	21.7	26.6	
Single dad	4.7	2.8	14.2	**	2.8	2.7	
Other family structure	15.6	17.5	6.3		23.6	13.1	
Parent education (%)							
High school or Less	52.2	55.9	34.5	***	53.1	57.9	
Some college	43.2	38.7	64.6	***	42.3	36.2	
Missing	4.6	5.4	.9	**	4.6	5.9	
Parent was a teen (%)							
No	67.1	64.9	77.5	†	61.8	67.1	
Yes	17.5	19.2	9.6		21.8	17.3	
Missing	15.4	15.9	12.9		16.4	15.6	
Married or cohabitating	52.6	54.4	44.5		52.1	55.9	
Religious	2.6	2.6	2.6		2.5	2.6	
College expectation (m)	3.6	3.6	3.9	†	3.8	3.4	**
Binge drinking, WI (%)	38.2	38.1	38.5		34.9	40.3	
Depressive symptoms (m)	9.8	9.8	9.7		9.4	10.1	†

Source: National Longitudinal Study of Adolescent Health.

†*p* < .10; **p* < .05; ***p* < .01; ****p* < .001; m = mean.

household as their child born during adolescence at Wave IV. In addition to the covariates used in the analysis, respondents were also matched on population weights.

Results

Table 1 presents descriptive statistics for the total sample and for their treatment (abortion) and control groups (live birth). We also present descriptive statistics for men who reported live births, stratified by whether they shared a household with the child at Wave IV.

Among our sample of men who report teen pregnancies, just 5.8% of those who report a live birth report graduating from college compared with 22.1% of those who report the pregnancy ended in abortion ($p < .001$) and 32.4% of those with live births reported some post-high school education compared with 58.5% of those who reported abortions ($p < .001$). We also found differences in the reported income at Wave IV: men who reported live births reported fewer personal earnings (\$32,941) compared with those who reported abortions (\$38,638, $p < .10$).

The groups differed by various aspects of baseline SES, for example, 25.9% of men who reported live births reported living below 100% of the FPL compared with 9.2% of men who reported an abortion ($p < .001$); 37.9% of men who reported a live birth lived with two biological parents compared with 49.1% of men who reported an abortion ($p < .001$); and 55.9% of men who reported a live birth had parents with a high school education or

less compared with 34.5% of men who reported an abortion ($p < .001$). In addition, 69.5% of men who reported an abortion were white compared with 50.6% of those who reported a live birth ($p < .05$). Men who reported a live birth or abortion were similar on several other characteristics including age, depressive symptoms, binge drinking, religiosity, and college expectations.

Among men who reported live births before age 20 years, 46% reported co-residing with the child at Wave IV. Nine percent of men who co-resided with the child reported graduating from college compared with 3.2% of men who did not co-reside with the child. Few differences were found across other characteristics; however, men who co-resided with the child at Wave IV had a higher prevalence of living with two biological parents, higher levels of college expectations, and fewer depressive symptoms at Wave I compared with men who did not co-reside with the child.

Matching results

Table 2 presents the results from the matching analyses. Our results for the total sample (panel A) show an association between abortion and a higher probability of graduating college among adolescent males that reported a teen pregnancy (ATE = 8.6%, 95% confidence interval [CI]: 2.3–14.9). The ATET shows that among those men who reported an abortion, the effect of abortion (treatment) was associated with an increase (ATET = 16.5%, 95% CI = 7.3–25.8) in the probability of graduating from college. We found similar positive associations

Table 2

Results from propensity score analysis showing the average treatment effect (ATE) and average treatment effect on treated (ATET) of abortion on teen pregnancies on future SES of men

Panel A: total sample									
	College graduate (n = 584)			Post-high school education (n = 588)			Personal income (n = 557)		
	Estimate	95% CI	p	Estimate	95% CI	p	Estimate	95% CI	p
ATE	8.56	(2.27, 14.85)	**	6.8	(−4.54, 18.15)	†	1471.5	(−4382.7, 7325.7)	
ATET	16.54	(7.33, 25.75)	***	14.18	(.28, 28.08)	*	1264.4	(−4820.2, 7348.9)	
Panel B: abortion versus child in residence									
	College graduate (n = 324)			Post-high school education (n = 325)			Personal income (n = 316)		
	Estimate	95% CI	p	Estimate	95% CI	p	Estimate	95% CI	p
ATE	8.95	(1.35, 16.55)	*	9.54	(−3.35, 22.44)	†	−1280.7	(−6976.0, 4414.7)	
ATET	12.78	(2.77, 22.79)	*	15.67	(−1.20, 32.54)	†	−604.1	(−6874.8, 5666.6)	
Panel C: abortion versus child not in residence									
	College graduate (n = 393)			Post-high school education (n = 397)			Personal income (n = 371)		
	Estimate	95% CI	p	Estimate	95% CI	p	Estimate	95% CI	p
ATE	10.43	(2.97, 17.90)	**	9.82	(−2.15, 21.79)	†	5448.70	(−380.9, 11278.4)	†
ATET	14.29	(2.97, 25.60)	*	14.18	(.28, 28.08)	*	8173.60	(2139.2, 14208.0)	**

Source: Add Health.

SES = socioeconomic status.

† $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$; Propensity score models all adjust for respondent age, family structure, federal poverty level, parents' education, race/ethnicity, whether respondent's parent was a teen parent, depressive symptoms, college expectations, and binge drinking. All measured at Wave I; Exact matching matches treatment and control group respondents based on <100% FPL at Wave I and respondent's parent having at least some college.

between abortion and any post-high school education for the treatment group (ATE = 14.2, 95% CI: .3–28.1). We did not find a difference in personal income by abortion status.

Panels B and C present the results comparing men who reported abortions to those who had live births, stratified by whether men resided with their children born during adolescence. The positive association between abortion and education was found for both comparison groups. The results for personal income, however, suggest an abortion benefit in personal income only compared to men who did not reside with their child at Wave IV, particularly for the treatment group (ATE = \$8173.6, 95% CI = \$2139.2–\$14208.2). We found no relationship between abortion and income for men who resided with their child at Wave IV (ATE = \$−1280.7, 95% CI = \$−6760.0 to \$4414.7).

Discussion

Our results demonstrate educational benefits for adolescent men who reported abortions by their partners compared with men who reported partners had a live birth. Researchers consistently understudy the role of men in reproductive decision-making and fertility, specifically when it comes to abortion, a highly stigmatized, yet common pregnancy outcome. As a result, the potential socioeconomic benefits to men are often unmeasured and unacknowledged. Our results document the nature of males as “abortion beneficiaries,” thus objectively demonstrating that access and availability of abortion not only improves the lives of women but also may have far-reaching positive effects for the men involved in the pregnancy.

Similar to other studies [10], we did not find consistent support for the abortion benefit on personal earnings; however, this result was driven by relatively high personal earnings reported by men who resided with the children born during their adolescence. Compared to men who did not reside with the child, we found an abortion benefit. This difference may be spurious:

men who are able to secure better jobs and higher incomes may be more likely to have a stable relationship with their pregnancy partner and child. Other research has found a “fatherhood premium” in wages, but only for coresidential fathers [36]. Given the well-established link between education and income [37], it is likely that the gaps in college completion between abortion beneficiaries and men who report live births will contribute to widening differences in income over the life course.

We acknowledge that there are several limitations to this study, most significantly having to do with potential under-reporting of abortion as evidenced by the small proportion of the total sample reporting abortion. We acknowledge that our sample likely does not reflect the total population of men who had an adolescent pregnancy terminated, and these men may be systematically different from the men in the sample in that they may hold strong negative attitudes about abortion [28], may have been unaware of a partner's abortion, or may be perpetrators of intimate partner violence [20,26]. It is important to note, however, that other data suggest that 9% of men reported a live birth before age 20 years in 1996 [38]. In the Add Health sample, 8.18% (95% CI: 6.88–9.49) reported a live birth before age 20 years. Given that Wave I was collected in 1995 and 1996, the percent of men in the sample that reported live births before age 20 years is reasonable. For our study, however, we are not necessarily interested in generalizability or prevalence estimates of abortion, rather, we are focused on a counterfactual scenario that compares men who reported live births and those who reported abortions. And again, although there are men who may have benefited from abortions or may even be fathers and not know, men are not likely to report live births or abortions that did not happen. Thus, although our sample may not be generalizable, we are unlikely to have people in our sample who did not experience these events.

Second, there are selection factors that may influence both the odds of having an abortion and future SES. Abortion can be a

costly procedure, especially for adolescents. It is possible that men whose adolescent pregnancies end in abortion may do so in part because they are able to help pay for the procedure, and there are SES differences in abortion attitudes, such that men with higher incomes are more supportive of abortion access [28]. Our descriptive statistics do show that men who report abortions during adolescence had higher familial SES as measured through FPL and parent education. We attempted to account for these differences with our analytic approach by matching on baseline socioeconomic characteristics; however, there may be unobserved factors that impacted our results. One potential advantage of using a sample of men is that although there are certainly selection issues related to men that are at play in some abortion decisions, ultimately, the decision for a pregnancy to be carried to term or aborted is the woman's and somewhat exogenous to the man. Finally, sample size limitations preclude stratified matching by race/ethnicity. Supplementary analyses using generalized linear models and interactions between abortion and race/ethnicity, however, were not significant.

Acknowledging these limitations, these results provide important insights into the impact of women's access to abortion for men. Although contemporary debates around abortion often focus on women, it is useful to also examine the ways in which men involved in a teen pregnancy may benefit from access to safe and legal abortion. The results should not be provided as motivation for men to coerce a woman into having an abortion, rather, they highlight that restricting access to abortion may have negative consequences for men whose partners desire abortion but are unable to access services. The results also highlight that while women serve as the targets of stigma attached with abortion, men benefit from the physical and emotional labor of women who elect to terminate adolescent pregnancies and manage this external stigma. Abortion is a common procedure. One in four women will have an abortion in their lifetime [39]. For each of these pregnancies, there is a male partner who either knowingly or not may be positively impacted by a woman's decision to have an abortion. If men acknowledge themselves as abortion beneficiaries, it could contribute to a less stigmatized narrative of abortion that could positively impact policy and abortion access.

Funding Sources

Team members receive support from the Eunice Kennedy Shriver National Institute of Child Health & Human Development and the Office of Research on Women's Health of the National Institute of Health, JNS via Award Number K12HD085852 and DKT via K24HD087436. The content is solely the responsibility of the authors and does not necessarily represent the official view of the National Institutes of Health.

References

- [1] Mollborn S. Exploring variation in teenage mothers' and fathers' educational attainment. *Perspect Sex Reprod Health* 2010;42:152–9.
- [2] Wilde ET, Batchelder L, Ellwood DT. *The Mommy Track Divides: The impact of childbearing on wages of women of differing skill levels*. Cambridge, MA: National Bureau of Economic Research; 2010.
- [3] Lundberg S, Pollak RA, Stearns J. Family inequality: Diverging patterns in marriage, cohabitation, and childbearing. *J Econ Perspect* 2016;30:79–102.
- [4] Hofferth SL, Reid L, Mott FL. The effects of early childbearing on schooling over time. *Fam Plann Perspect* 2001;33:259–67.
- [5] Gibbs CM, Wendt A, Peters S, et al. The impact of early age at first childbirth on maternal and infant health. *Paediatr Perinat Epidemiol* 2012;26:259–84.
- [6] Kavanaugh ML, Anderson RM. *Contraception and beyond: The health benefits of services provided at family planning centers*. New York: Guttmacher Institute; 2013.
- [7] Sonfield A, Kost K, Gold RB, et al. The public costs of births resulting from unintended pregnancies: National and state-level estimates. *Perspect Sex Reprod Health* 2011;43:94–102.
- [8] Wendt A, Gibbs CM, Peters S, et al. Impact of increasing inter-pregnancy interval on maternal and infant health. *Paediatr Perinat Epidemiol* 2012;26:239–58.
- [9] Marsiglio W. Adolescent fathers in the United States: Their initial living arrangements, marital experience and educational outcomes. *Fam Plann Perspect* 1987;19:240–51.
- [10] Fletcher JM, Wolfe BL. The effects of teenage fatherhood on young Adult outcomes. *Econ Inq* 2012;50:182–201.
- [11] Sharp E, Richter J, Rutherford A. "Um... I'm pregnant." young men's attitudes towards their role in abortion decision-making. *Sex Res Soc Policy* 2015;12:155–62.
- [12] Assini-Meytin LC, Green KM. Long-term consequences of adolescent parenthood among African-American Urban Youth: A propensity score matching approach. *J Adolesc Health* 2015;56:529–35.
- [13] Edin K, Kefalas M. *Promises I can keep: Why poor women put motherhood before marriage*. Berkeley, CA: University of California Press; 2011.
- [14] Finer LB, Zolna MR. Declines in unintended pregnancy in the United States, 2008–2011. *N Engl J Med* 2016;374:843–52.
- [15] Foster DG, Biggs MA, Ralph L, et al. Socioeconomic outcomes of women who receive and women who are denied wanted abortions in the United States. *Am J Public Health* 2018;108:407–13.
- [16] Roberts SC, Biggs MA, Chibber KS, et al. Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion. *BMC Med* 2014;12:144.
- [17] Watson K. *Scarlet A: The ethics, law, and politics of ordinary abortion*. New York, NY: Oxford University Press; 2018.
- [18] Altshuler AL, Nguyen BT, Riley HEM, et al. Male partners' involvement in abortion care: A mixed-methods systematic review. *Perspect Sex Reprod Health* 2016;48:209–19.
- [19] Kero A, Lalos A, Wulff M. Home abortion – experiences of male involvement. *Eur J Contracept Reprod Health Care* 2010;15:264–70.
- [20] Jones RK, Moore AM, Frohvirth LF. Perceptions of male knowledge and support among U.S. women obtaining abortions. *Womens Health Issues* 2011;21:117–23.
- [21] Lohan M, Cruise S, O'Halloran P, et al. Adolescent men's attitudes in relation to pregnancy and pregnancy outcomes: A systematic review of the literature from 1980–2009. *J Adolesc Health* 2010;47:327–45.
- [22] Lohan M, Cruise S, O'Halloran P, et al. Adolescent men's attitudes and decision-making in relation to an unplanned pregnancy. Responses to an interactive video drama. *Soc Sci Med* 2011;72:1507–14.
- [23] Xie H, Cairns BD, Cairns RB. Predicting teen motherhood and teen fatherhood: Individual characteristics and peer affiliations. *Soc Dev* 2001;10:488–511.
- [24] Chibber KS, Biggs MA, Roberts SCM, et al. The role of intimate partners in women's reasons for seeking abortion. *Womens Health Issues* 2014;24:e131–8.
- [25] Finer LB, Frohvirth LF, Dauphinee LA, et al. Timing of steps and reasons for delays in obtaining abortions in the United States. *Contraception* 2006;74:334–44.
- [26] Woo J, Fine P, Goetzl L. Abortion disclosure and the association with domestic violence. *Obstet Gynecol* 2005;105:1329.
- [27] Marsiglio W, Shehan CL. Adolescent males' abortion attitudes: Data from a national survey. *Fam Plann Perspect* 1993;25:162–9.
- [28] McCall L, Manza J. Class differences in social and political attitudes in the United States. In: Shapiro R, Jacobs L, eds. *The Oxford Handbook of American Public Opinion and the Media*. Oxford: Oxford University Press; 2010.
- [29] Coley RL, Hernandez DC. Predictors of paternal involvement for resident and nonresident low-income fathers. *Dev Psychol* 2006;42:1041–56.
- [30] Castillo J, Welch G, Sarver C. Fathering: The relationship between fathers' residence, fathers' sociodemographic characteristics, and father involvement. *Matern Child Health J* 2011;15:1342–9.
- [31] Harris KM, Halpern CT, Whitsel E, et al. *The national longitudinal study of adolescent to adult health: Study design*. Chapel Hill, NC: Carolina Population Center; 2009. Available at: www.cpc.unc.edu/projects/addhealth/design. Accessed January 15, 2018.

- [32] Bearman PS, Jones J, Udry JR. *The national longitudinal study of adolescent health: Research design*. Chapel Hill, NC: Carolina Population Center; 1997.
- [33] Sipsma H, Biello KB, Cole-Lewis H, et al. Like father, like son: The inter-generational cycle of adolescent fatherhood. *Am J Public Health* 2010;100: 517–24.
- [34] Becker SO, Ichino A. Estimation of average treatment effects based on propensity scores. *Stata J* 2002;2:358–77.
- [35] Little RJ, Rubin DB. Causal effects in clinical and epidemiological studies via potential outcomes: Concepts and analytical approaches. *Annu Rev Public Health* 2000;21:121–45.
- [36] Killewald A. A reconsideration of the fatherhood premium: Marriage, coresidence, biology, and fathers' wages. *Am Sociol Rev* 2013;78:96–116.
- [37] Carnevale AJ, Rose SJ, Cheah B. *The college payoff: Education, occupations, lifetime earnings*. Washington, DC: Georgetown University Center on Education and the Workforce; 2011.
- [38] Scott ME, Steward-Streng NR, Manlove J, et al. The characteristics and circumstances of teen fathers: At the birth of their first child and beyond. *Child Trends Res Brief* 2012;19:1–6.
- [39] Jones RK, Jerman J. Population group abortion rates and lifetime incidence of abortion: United States, 2008–2014. *Am J Public Health* 2017;107:1904–9.