

The Power of the Pill: Careers and College Women

by Claudia Goldin and Lawrence F. Katz

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The Pill — the female oral contraceptive — turned forty last year. It is a middle-aged medical miracle. Slimmed down in its progestin and estrogen content from the original Enovid pill, it remains the contraceptive of choice of American women. Almost 80 percent of women now between 45 and 55 years old took the pill at some time.

The pill was an overnight success. The fraction of married women (under 35 years) who were “on the pill” came close to its historic maximum just five years after its release in 1960. But the pill did not immediately diffuse among young *unmarried* women and that is a large part of our story concerning the social impact of the pill.

Our work has sought to understand how the pill affected the aspirations and career choices of young women in the late 1960s and how this contraceptive technology enabled women to be accepted as equals in the most prestigious, highly paid and demanding occupations.

Up until 1970 less than 10 percent of medical students were women, while the comparable figures for law (4 percent), dentistry (1 percent) and business (3 percent) were even lower. But just a decade later the share was about one-third in medicine and business, more than one-third in law, one-fifth in dentistry. By the early 1990s women were more than 40 percent of all first-year medical and law students, and more than 35 percent of all first year M.B.A. and dentistry students.

Did the pill play a role in these changes? We think the answer is “yes.” A safe, reliable, easy-to-use, female-controlled contraceptive enabled young women to enter careers that involved extensive and up-front time commitments in education. But how?

Sex, the Pill, and Single Women

A young woman beginning a degree program had to evaluate — in addition to the financial costs of her education — the social consequences of a career track. If she did not marry before her professional education began and lacked an almost foolproof contraceptive such as the pill, she would have to pay the penalty of abstinence or cope with considerable uncertainty regarding pregnancy. If she delayed marriage (as many did), she would have to consider the social consequences of a depleted marriage market.

In its early high-dose incarnation the pill was monumentally more reliable than other contraceptive methods. (Its other pluses are that it is female-controlled, non-messy, and can be taken well in advance of sex.)

The pill allowed women to “have it all.” She could have sex *and* plan for a future career. In addition, the pill encouraged an increase in the age at first marriage. A career woman who decided to delay marriage would encounter a depleted marriage market if the typical age at first marriage were low. But if the marriage age for college graduates rose, as it did throughout the 1970s, the delay would involve far less of a penalty.

But what accounts for the lag of almost ten years from the pill's introduction in 1960 to the start of the career response for young women? The explanation is simple. Single women in the 1960s were thwarted from obtaining the pill by archaic state laws. As late as 1960, 30 states prohibited advertisements regarding birth control and 22 had some prohibition on the sale of contraceptives. Married persons easily circumvented these laws, but the laws had constraining effects on young, single women. As the laws were relaxed, they were able to obtain the pill and, subsequently, the marriage age rose and career aspirations changed.

By the late 1960s and early 1970s almost all states had lowered the age of legal majority to 18 and granted to youth the rights of adults through "mature minor" decisions. These legal changes, by the way, were not driven by a desire to extend family-planning services nor by feminist action. Rather, they were motivated by the same factors that led to the 26th Amendment (1971) lowering the voting age to 18. The Vietnam War had awakened Americans to the inconsistency between the rights and responsibilities of young people.

With sufficient ingenuity, a determined unmarried woman could have obtained the pill without benefit of the law. But our cross-state statistical analysis for 1971 shows that pill use among young women was considerably higher in states having more lenient laws regarding the rights of minors. The laws mattered. Until 1969 few, if any, college health clinics made family planning services available to students without regard to age or marital status. By the mid-1970s most on large campuses did.

To measure trends in pill usage for young, unmarried women we have used two retrospective surveys from the 1980s. (The same social and legal factors that prevented young women from obtaining the pill in the 1960s and early 1970s also prevented social scientists from inquiring about their contraceptive use!) Taken together our data show that the diffusion of the pill among young unmarried women began more than five years after it did for married women. More important, the data also show that pill use among single, college graduate women began to greatly increase with cohorts born around 1948. These were precisely the cohorts that first began to enter professional schools around 1970s.

Careers, Marriage, and the Pill

The timing of the changes in the fraction female among first-year professional students and the diffusion of the pill could, of course, have been a coincidence. But we have additional, and more convincing, evidence that the relationship was causal.

Young unmarried women in states that lowered the age of majority or had passed legislation extending the mature minor decision (or had judicial rulings that did so), were considerably more likely to use the pill. Also, the age at first marriage increased for college-graduate women who turned 18 years old around the time that the state laws changed. That is, the availability of the pill to young college women appears to have causally led to an increase in the age of first marriage. The increased age at first marriage among college graduate women is striking. Among women born from the early 1930s to the end of the 1940s, about 50 percent married before age 23. But among women born in 1957, only 30 percent married before age 23.

Was It Only the Pill?

The case for the pill as the primary factor driving women's career decisions is strong. But it was not the only factor. The resurgence of feminism, anti-discrimination legislation, and legalized abortion (nationwide in 1973 by *Roe v. Wade* and earlier in several states) are some

others. We have found that abortion legalization was not as potent as the pill in encouraging later marriage for college women, although its impact on careers was complementary.

Young American women in the late 1960s had hoped to follow in their mothers' footsteps, but in just a few years their aspirations had changed radically. Our work shows that the pill had a large effect on career and marriage. Without the pill these changes would, presumably, have come later. How much later, though, we do not know.