

“More Power to the Pill,” *Quarterly Journal of Economics*, February 2006:

Erratum and Addendum

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This note concerns my paper “More Power to the Pill” published in the *Quarterly Journal of Economics* in February of 2006. In that paper, I argued that state-by-birth-cohort variation in early legal access to the Pill (ELA), which I defined as the legal capacity to consent for medical care before age 21 (typically at age 18), allowed me to quantify the importance of the Pill for women’s labor market outcomes. My argument was based upon two key steps: (1) I examined the relationship between ELA with women’s labor-force participation rates in the March *Current Population Surveys (CPS)*, and (2) I used the June *CPS* to examine whether delayed childbearing provided a *mechanism* for the effects in (1).

This note concerns the relationships I estimated as part of (2) presented in table III of the original article. I lost my original coding in a hard-disk failure, but, after receiving several requests to share my coding, I began reassembling it from memory, the description in the paper, and an older version of coding I recovered. I found it impossible to reproduce the estimates in my original table III, which prompted me to draft this note and investigate the relationship between ELA and women’s fertility further. Section I of this note details the errata and shows that correcting them leads to a smaller relationship between ELA and first birth before age 22. Because the absence of the evidence in table III casts doubt on my attribution of the labor-force participation effects to birth timing, section II of this note provides a more comprehensive examination of the relationship between ELA and first birth timing *at all ages* between 15 and 36. Using the *same specification and dataset* as in my original article, this more comprehensive examination shows pronounced, albeit smaller, effects of ELA on birth timing for women between the ages of 18 and 21. Furthermore, attributing these effects to early consent laws (rather than

¹ I am grateful to John DiNardo, Jeremy Attack, John Bound, Charlie Brown, Bill Collins, Melanie Guldi, Heinrich Hock, David Lam, and Jeff Smith for their comments and suggestions in the preparation of this note. I am indebted to Ted Joyce and Ruoding Tan for providing their coding and datasets and comments on this document.

coincident, unobservable changes) and to the Pill *per se* (rather than abortion legalization) is supported by additional falsification checks and an examination of heterogeneity in the estimates by birth cohort. In sum, this note provides new and more comprehensive evidence that early legal access to the Pill allowed women to delay motherhood.

I. Errata

Based upon my sample sizes and the magnitudes of my reported estimates, I believe that three coding errors interacted to misstate the relationships in table III. Table I of this document summarizes these changes that I describe in more detail here.

First, the initial drafts of the paper had restricted the sample to women who were married before age 36 to obtain consistency across survey years (the 1977, 1986, 1987, and 1988 June *CPS* did not have information on age at first birth or number of children for never-married women). At the request of a referee, I had removed the explicit sample restriction to ever-married women but, based upon the sample sizes I report in the published paper, I must have neglected to remove a second restriction for age at first marriage before 36.

Second, based upon an older version of code, I believe that I used incorrect information for age at first marriage from the 1995 June *CPS*. I used the variable `mar1y` (fourth letter is a “ONE”) for all years. Because the Unicon dataset switched the location of information on age at first marriage for women who were married once from a variable called `mar1y` (fourth letter is a “ONE”) to `marly` (fourth letter is an “L”) in 1995, my use of `mar1y` (fourth letter is a “ONE”) for all years implies that the final estimation sample consisted of (1) ever-married women ages 36 to 44 born from 1935 to 1959 who were first married before age 36 for years before 1995 and (2) ever-married women ages 36 to 44 born between 1935 and 1959 who were married *more than once* (before age 36) in 1995.²

² I am grateful to Ruoding Tan for pointing this out.

Finally, my original table III is based upon an incorrect weight for the 1995 June *CPS*. All estimates used the weight, `wgtfnl`, which I divided by 100 for all survey years. This was correct for all years before 1995, but this weight should have been divided by 10,000 for 1995.

Any of these errors in isolation would not have altered my inferences. The combination of the coding error for age at first marriage and weighting error for the 1995 June *CPS*, however, overstates the importance of a select group of women by a factor of 100. Interestingly, the relationship of ELA with childbearing before age 22 for this select group is large: the original table III reported statistically-significant estimates of -7.1 (s.e. 0.039) to -9.3 (0.039) percentage points (marginal effects evaluated at the mean). Panel A of table II of this document reestimates the specifications in the original table III on the newly constructed sample (summary statistics in table III of this document) with the coding errors documented above and obtains similar results to the published table.³ Panel B presents the estimates on the same sample without the coding errors and shows considerably smaller point estimates and standard errors, which range from -0.9 (s.e. 0.006) to -1.5 (s.e. 0.007) percentage points. (The reduction in standard errors reflects the correction of the weights.) In sum, the revised estimates are smaller and statistically insignificant in one specification.

II. Addendum

In my original analysis, I examined the relationship between ELA and birth timing using *only* the likelihood of a first birth *before age 22*. Specifically, I estimated the following equation,

$$(1) \quad \text{Prob}(1(\text{Age at first birth}_{ics} < k) | \cdot) = \Phi(\beta^k \text{ELA}_{cs} + \sum_s \lambda_s D_s + \sum_c \lambda_c D_c),$$

³ As in my original article, I restrict my sample to women over age 35 who had ever giving birth (have information on age at first birth) and who were born from 1935 to 1959. I exclude allocated values on age at first birth. There are two changes to my original sample: I include women over age 44 in the newly constructed sample (excluding them changes the results little). I also restrict my attention to women who had ever been married by the time of observation, because the June *CPS* only sampled never-married women in a subset of years. In practice, this last sample restriction eliminates 2531 observations (2.2 percent) of the 115,434 observations with information on the age at first birth. The final sample contains 112,903 observations. Stata code to generate table III's summary statistics is posted on my website (<http://www-personal.umich.edu/~baileymj>).

where the dependent variable is equal to one if a respondent, i , born in year, $c=1935,1936,\dots,1959$, observed in state, $s=1,2,\dots,51$,⁴ had her first child before age $k=22$. ELA is a binary variable equal to 1 if a woman in a state-birth-cohort cell had the legal capacity to consent to the Pill before age 21. Fixed effects for state of residence, $\sum_{s=2}^{51} \lambda_s D_s$, where $D_s = 1$ if i resided in state s at the time of the survey, and single year-of-birth cohorts, $\sum_{c=1936}^{1959} \lambda_c D_c$, where $D_c = 1$ if i was born in year c , were included in all specifications. The published table III reports estimates of the key parameter of interest, β^{22} , which measures the difference in the cumulative proportion of women giving birth before age 22 between women with and without early legal access to the Pill. The negative estimates of β^{22} in my original table III were consistent with ELA reducing the proportion of women giving birth before age 22 and, therefore, inducing a delay in motherhood. The revised estimates presented in section I of this note are also negative but smaller and, in some specifications, statistically insignificant.

In retrospect, this was an overly simplistic specification. ELA could induce fertility delay at all ages between 18 and 21, which could lead a simple, point-in-time measure (such as age at first before age 22) to miss the effect of ELA altogether. A simple example makes this obvious. Assume, for instance, that ELA induced a fixed fraction of all women ages 18 to 20 to delay first birth by two years. With this treatment effect, women with ELA would be no different from their peers in the proportion of first births before age 22, because the reduction in pregnancies among 20 year olds (with a first birth at age 21) would be perfectly offset by the increase in pregnancies among 18 year olds who delayed (and gave birth by age 21). In fact, the only measured reductions in first births would be at ages 18 to 19, because the ELA-induced delay shifts the mass of the age distribution to the right by two years for women ages 18 and 19. Although there is no theoretical reason to believe that ELA had a homogeneous and proportional treatment effect, this simple example demonstrates why examining the effects *across the age distribution* is important. It also shows that the measured effect at age 22 may understate the true effect of ELA on birth timing.

⁴ The District of Columbia is treated as a separate state.

For this reason, I expand my original analysis to evaluate the effects of ELA on the cumulative hazard of a first birth across all ages from 15 to 36. Using the sample described in footnote 3 and the notes of table III of this document, I re-estimate equation (1) for 22 different dependent variables for ages, $k = 15, 16, \dots, 36$. Table IV presents the average partial effects (APE) from a probit for each age for two models with and without weights. For all estimates presented in this note, the average partial effects are computed for each age, k , as $APE^k = \frac{1}{N} \sum_{i=1}^N \Phi(\hat{\beta}^k + \sum_s \hat{\lambda}_s D_s + \sum_c \hat{\lambda}_c D_c) - \Phi(\sum_s \hat{\lambda}_s D_s + \sum_c \hat{\lambda}_c D_c)$, and the standard errors are calculated using a non-parametric bootstrap method with states as clusters (500 repetitions). Model 1 includes only state and cohort fixed effects (column 1). Model 2 is identical to model 1 run on a sample that omits the five states that legalized abortion prior to *Roe v. Wade* (AK, CA, HI, NY, WA). These are referred to as “early repeal states” in Levine et al. (1996). This second model is an (admittedly imperfect) attempt to account for the growth in abortion availability after 1970. Although it cannot directly address concerns about cross-state mobility of women to obtain abortions, it allows an examination of whether changes in the age at first birth were driven by changes in fertility among birth cohorts within early repeal states.

Figure I plots the average partial effects presented numerically in Table IV for both weighted (panel A) and unweighted (panel B) specifications. The results are similar in states where abortion was and was not legal before *Roe v. Wade* (dashed line with square markers and solid lines show almost identical patterns) and in both weighted and unweighted specifications. Although the estimates at age 22 are smaller than reported in my original article (the shaded estimates in table IV correspond to my original estimates), the magnitudes of the effects at ages *under 22* are consistent across specifications and with the assertion that ELA induced a delay in childbearing. Across specifications, the proportion of women with a first birth was 1 to 1.2 percentage points lower between 18 and 21—precisely the ages that should have been affected. A 95-percent confidence interval for the average partial effects of model 1 (dashed lines) shows that the effects for ages 18 to 21 are point-wise statistically significant. Effects from

specifications that include linear state trends in birth cohort are similar in magnitude and statistical significance (when the data permit their estimation) and are available upon request.

Another advantage of examining effects across ages is that it facilitates two falsification exercises. If ELA altered access to the Pill primarily among women ages 18 to 20, then the pre-treatment effects for women ages of 15 to 17 should be much smaller.⁵ Moreover, there should be considerably smaller (if any) effects on women older than 22.⁶ The effects in figure I and table IV are consistent with both predictions. The average partial effects of ELA for age at first birth before ages 15 to 17 and 23 to 26 are very close to zero and statistically insignificant. In short, the cumulative distributions of age at first birth for women born in the same year differ systematically with ELA *but only at ages where access laws should have mattered*.

As an additional check on whether changes in abortion availability from 1970 explain these results, I examine heterogeneity in the results by birth cohort. Under the hypothesis that the age-specific declines in first births are driven in part by greater abortion availability (which may have interacted with early consent laws), the impact of ELA should be *smaller* for women born before 1950—women 21 or older when abortion was legalized in the early repeal states. Although most of the legal changes occur after 1968, twelve states changed their consent laws before 1970 (Alaska, Arkansas, Georgia, Idaho, Kentucky, Maryland, Mississippi, Nevada, Ohio, Oklahoma, Utah and Wyoming) so that the effects of ELA can be estimated for women born from 1940 to 1949. Figure II presents estimates of β^k for models 1 (no markers) and 2 (circle markers) for both weighted (solid lines) and unweighted (dashed lines) specifications (the numerical estimates and standard errors are presented in table V). The results show that the effects are *at least as large* at ages 19 to 21 for women too young for their pre-21 childbearing choices to have been affected by the legalization of abortion in some states in 1970. Between the ages of

⁵ Women ages 15 to 17 may have been affected in some states, as statutes changed to allow access to minors (i.e. ages 14 or older). See Guldi (2008).

⁶ A test of effects at ages 23 to 26 is not a pure falsification exercise. Women ages 21 and older could be more likely to give birth depending upon the amount of the delay. Moreover, outcomes and behavior at these ages could have been indirectly affected by general equilibrium changes in, for instance, the pool of potential mates, a woman's own human capital or career investments, and delays in childbearing among peers.

18 and 22, the first births among women with ELA born before 1950 were 2 to 2.8 percentage points lower. These results are consistent with delayed childbearing among women with ELA prior to the widespread legalization of abortion in the 1970s. The fact that the effects are larger in the first decade of the Pill's availability is consistent with several observations. First, statutes may have been more important deterrents in the 1960s before prescribing the Pill to younger unmarried women had become more acceptable (the twelve states that reduced the age of consent were not otherwise progressive in family planning issues). Second, demand for the Pill among younger women may have receded as dangers about the Pill's safety became public in the 1970s (Blake 1977). Finally, legal abortion may have provided an alternative to preventative contraception that weakened the effects of laws granting early access to the Pill in the 1970s.⁷

III. Conclusion

Coding errors underlying table III of my original paper led my estimates to overstate the reduction in childbearing due to early access to the Pill (ELA). This note uses *the same specification and the same dataset* as my original article to reanalyze the relationship between early childbearing and ELA. The results of the reanalysis provide new evidence that access to the Pill before age 21 reduced childbearing among women ages 18 to 21—precisely the women that should have been affected—and suggests that measured effects may understate the true effects of ELA. The absence of effects among treated women at ages too young to be affected by these laws (ages 15 to 17) and beyond the ages when these laws should have been binding (ages 23 to 36) is consistent with the validity of using ELA as a means to quantify the impact of the Pill. Because access to abortion would have been restricted before age 20 for women born before 1950, stronger effects of ELA for these cohorts is consistent with ELA affecting childbearing through Pill use *per se* and not through legalized abortion. In sum, this note revises

⁷ Access to abortion in states first legalizing abortion with *Roe v. Wade* should have increased prior to 1973, as more women travelled across state lines to obtain them.

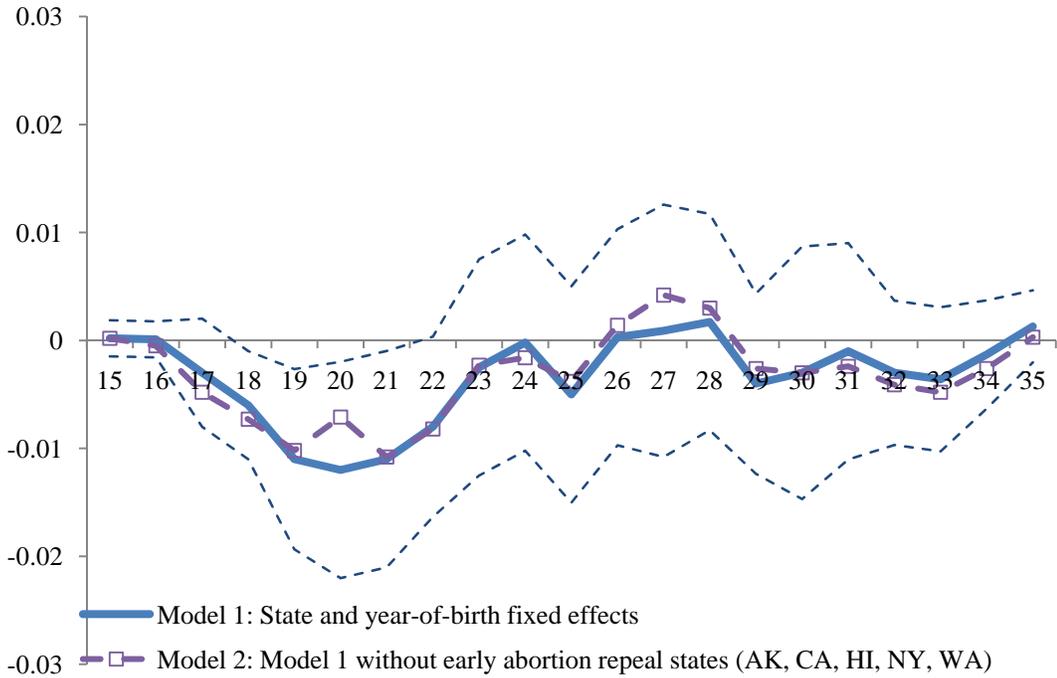
previous, erroneous estimates and provides new evidence that early legal access to the Pill allowed women to delay motherhood.

IV. References

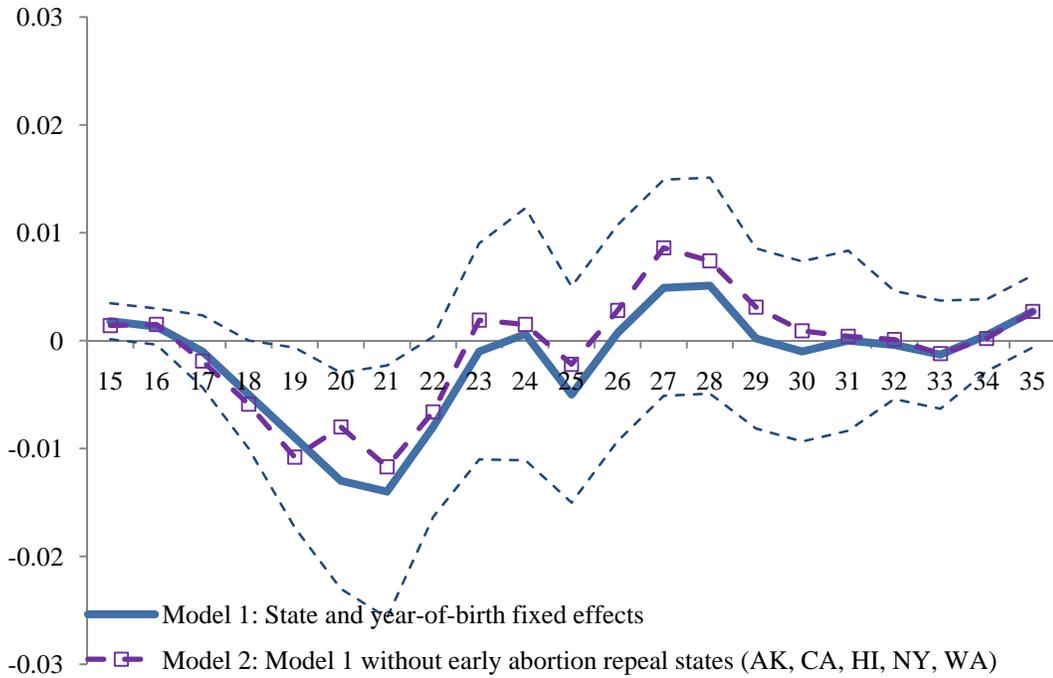
- Bailey, Martha J. (2006). "More Power to the Pill: The Impact of Contraceptive Freedom on Women's Lifecycle Labor Supply," *Quarterly Journal of Economics* CXXI (1):289-320.
- Blake, Judith. (1977). "The Pill and the Rising Costs of Fertility Control," *Social Biology* 24 (4): 267-280.
- Guldi, Melanie. (2008). "Abortion or The Pill - Which Matters More? The Impact of Access on the Birth Rates of Young Women," *Demography* 45 (4): 817-827.
- Levine, Phillip, Douglas Staiger, Thomas J. Kane, David J. Zimmerman. (1996). "Roe v. Wade and American Fertility," *NBER Working Paper 5615*, June.

Figure I. Differences in Age at First Birth for Women with Early Legal Access to the Pill

A. Weighted

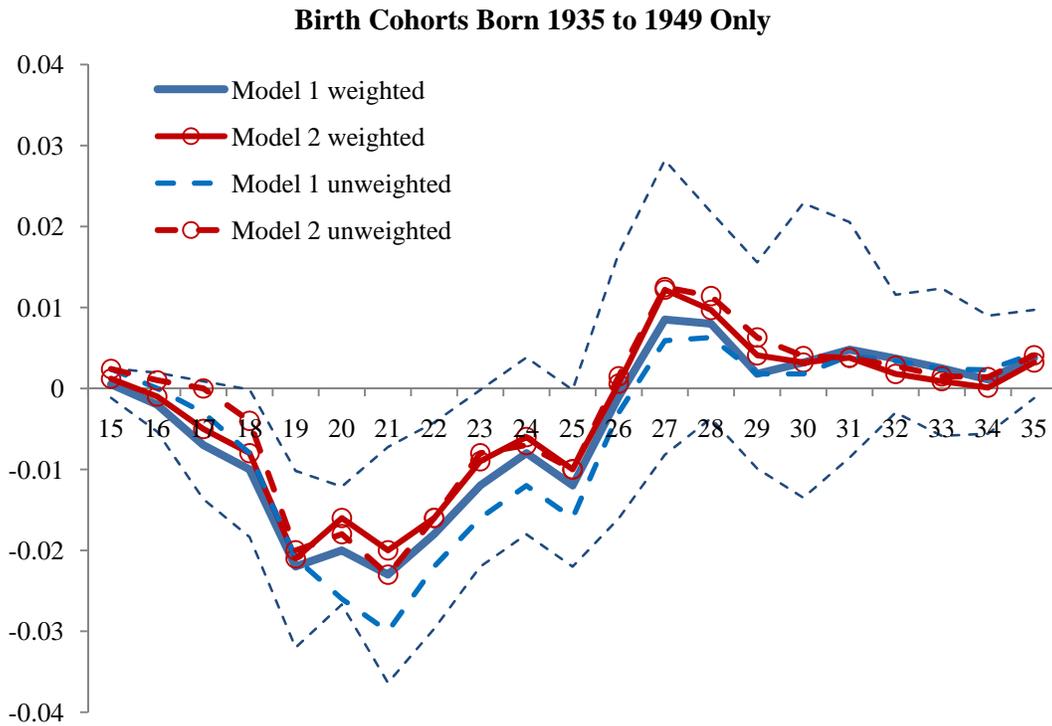


B. Unweighted



Each estimate is the average partial effect (APE) at age k computed from separate probits. The dashed lines form a point-wise, 95 percent confidence interval for the APEs from model 1 using standard errors that are calculated with a nonparametric bootstrap using states as clusters (500 replications). Sample: Women ages 36 to 60 born between 1935 and 1959 and married by the time of observation. Source: 1979-1995 June *CPS*.

Figure II. Differences in Age at First Birth for Women with Early Legal Access to the Pill



Each estimate is the average partial effect (APE) at age k computed from separate probits. The dashed lines form a point-wise, 95 percent confidence interval for the APEs from model 1 using standard errors that are calculated with a nonparametric bootstrap using states as clusters (500 replications). Sample: Women ages 36 to 60 born from 1935 to 1949 and married by the time of observation. Source: 1979-1995 June *CPS*.

Table I. Intended versus Actual Sample

	Intended Sample	Actual Sample	Correct Weight	Actual Weight
1979-1992 June <i>CPS</i>	All women ages 36 to 44 and born 1935-1959	Women married before age 36 ages 36 to 44 and born 1935-1959	wgt fnl/100	wgt fnl/100
1995 June <i>CPS</i>	Ever and never-married women ages 36 to 44 and born 1935-1959	Women married <i>more than once</i> and married before age 36 ages 36 to 44 and born 1935-1959	wgt fnl/10000	wgt fnl/100

Table II. Original Table III Re-Estimated for Newly Constructed Sample

	A. With Coding Errors					B. With Coding Errors Corrected				
	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)	(5)
	1=First Birth Before Age 22 ^a 19 ^b 36 ^c					1=First Birth Before Age 22 19 36				
<i>MDV</i> ^d		0.575		0.241	0.982		0.469		0.162	0.985
ELA to Pill	-0.086 [0.034]**	-0.090 [0.035]**	-0.072 [0.037]**	-0.012 [0.040]	-0.004 [0.005]	-0.009 [0.006]	-0.015 [0.007]**	-0.012 [0.007]*	-0.010 [0.006]	0.002 [0.002]
Early Access to Abortion (ELAA) ^e			0.028 [0.048]	-0.0118 [0.035]	0.0042 [0.006]			-0.009 [0.026]	0.007 [0.012]	0.002 [0.003]
ELA x ELAA			-0.091 [0.057]	-0.100 [0.061]	-0.003 [0.006]			-0.013 [0.024]	-0.004 [0.012]	-0.003 [0.004]
Controls	S, C	S, C,T	S, C,T	S, C,T	S, C,T	S, C	S, C,T	S, C,T	S, C,T	S, C,T
Observations	98694	98694	98694	98694	98694	112903	112903	112903	112903	112903
Log Likelihood	-65819	-65332	-65316	-52872	-7918	-76574	-76542	-76541	-49086	-8460

Year of birth cohorts are computed by using either the reported year of birth or, when this is value is missing, subtracting the reported age in years from the year of the survey. Probits are used for the estimation for columns 1 through 5, and the estimates are marginal effects evaluated at the means. Robust standard errors are reported in brackets and are clustered on state of residence. All computations are weighted using the variable *wgt fnl*. ^aThe dependent variable is equal to one for individuals that had a first birth before age 22 conditional upon giving birth. ^bThe dependent variable is equal to one for individuals that had a first birth before age 19 conditional upon giving birth. ^cThe dependent variable is equal to one for individuals that had a first birth before age 36 conditional upon giving birth. ^dMDV=Mean dependent variable. ^eEarly Legal Access to Abortion (ELAA) is equal to 1 if the woman had access to legal abortion in her current state of residence before age 21. ELAA uses the following dates of legalization: 1970 for Alaska, California, Hawaii, New York and Washington; 1972 for New Jersey and Vermont; and 1973 for the remaining states. S and C denote sets of fixed effects for state of residence and year of birth, and T is a set of dummy variables for state interacted with a linear trend in year of birth.

Sample: Women ages 36 to 60 born between 1935 and 1959 and married by the time of observation.
Source: 1979-1995 June CPS.

Table III. Summary Statistics for June Sample (Weighted)

Year of birth	Mean of					Number of observations on age at first birth
	Survey year observed	Age at observation	Age at first marriage	Age at first birth	ELA	
1935	1984.2	48.8	21.0	22.5	0.00	5,256
1936	1984.2	47.8	21.1	22.4	0.00	5,128
1937	1984.3	46.8	21.0	22.4	0.00	5,065
1938	1984.4	46.0	20.9	22.3	0.00	5,417
1939	1984.3	44.9	21.0	22.3	0.00	5,424
1940	1984.3	43.9	21.0	22.3	0.01	5,768
1941	1984.4	42.9	21.1	22.4	0.01	6,117
1942	1984.5	42.0	21.1	22.5	0.02	7,436
1943	1985.3	41.9	21.1	22.6	0.02	7,883
1944	1986.0	41.6	21.2	22.8	0.02	6,997
1945	1986.7	41.3	21.3	22.9	0.06	6,163
1946	1987.3	40.8	21.5	23.1	0.09	6,006
1947	1988.3	40.9	21.5	23.2	0.11	6,309
1948	1989.1	40.6	21.7	23.4	0.16	5,950
1949	1989.3	40.0	21.9	23.5	0.16	5,473
1950	1990.0	39.7	21.8	23.5	0.17	4,694
1951	1990.8	39.5	21.9	23.7	0.48	3,779
1952	1991.7	39.4	22.0	23.9	0.73	3,094
1953	1992.4	39.1	22.2	24.0	0.84	2,671
1954	1992.7	38.5	22.2	24.0	0.98	2,270
1955	1993.5	38.3	22.0	23.9	0.99	1,866
1956	1994.0	38.0	22.4	23.9	1.00	1,353
1957	1995.0	38.0	22.0	24.1	1.00	924
1958	1995.0	37.0	22.5	23.6	1.00	962
1959	1995.0	36.0	22.6	23.8	1.00	898

Sample: Women ages 36 to 60 born between 1935 and 1959 and married by the time of observation. The final sample contains 112,903 observations. Source: 1979-1995 June CPS.

Table IV. Average Partial Effect of ELA on the Likelihood of Giving Birth before Age a

	15	16	17	18	19	20	21	22	23	24	25
Model 1 (weighted)	0.0002 [0.0012]	0.0001 [0.0020]	-0.0035 [0.0035]	-0.0063 [0.0041]	-0.0112* [0.0063]	-0.0122* [0.0068]	-0.0110 [0.0072]	-0.0084 [0.0062]	-0.0025 [0.0067]	-0.0002 [0.0078]	-0.0057 [0.0063]
Model 2 (weighted)	0.0002 [0.0012]	-0.0005 [0.0018]	-0.0048 [0.0035]	-0.0073* [0.0043]	-0.0102 [0.0063]	-0.0071 [0.0065]	-0.0108 [0.0077]	-0.0082 [0.0063]	-0.0023 [0.0068]	-0.0016 [0.0078]	-0.0038 [0.0064]
Model 1 (unweighted)	0.0018 [0.0013]	0.0013 [0.0015]	-0.0016 [0.0029]	-0.0052 [0.0034]	-0.0095* [0.0054]	-0.0130** [0.0061]	-0.0142* [0.0073]	-0.0084 [0.0060]	-0.0017 [0.0069]	0.0006 [0.0076]	-0.0057 [0.0070]
Model 2 (unweighted)	0.0014 [0.0011]	0.0015 [0.0014]	-0.0019 [0.0030]	-0.0059 [0.0039]	-0.0108* [0.0059]	-0.0080 [0.0065]	-0.0117 [0.0078]	-0.0066 [0.0062]	0.0019 [0.0072]	0.0015 [0.0082]	-0.0022 [0.0072]
	26	27	28	29	30	31	32	33	34	35	36
Model 1 (weighted)	0.0003 [0.0071]	0.0009 [0.0076]	0.0017 [0.0059]	-0.0045 [0.0056]	-0.0034 [0.0073]	-0.0016 [0.0067]	-0.0032 [0.0049]	-0.0036 [0.0052]	-0.0013 [0.0036]	0.0013 [0.0024]	0.0019 [0.0022]
Model 2 (weighted)	0.0014 [0.0071]	0.0042 [0.0075]	0.0030 [0.0066]	-0.0026 [0.0051]	-0.0030 [0.0073]	-0.0024 [0.0072]	-0.0041 [0.0047]	-0.0048 [0.0053]	-0.0026 [0.0034]	0.0003 [0.0028]	0.0009 [0.0022]
Model 1 (unweighted)	0.0007 [0.0070]	0.0049 [0.0068]	0.0051 [0.0063]	0.0002 [0.0051]	-0.0012 [0.0056]	0.0000 [0.0053]	-0.0004 [0.0039]	-0.0013 [0.0036]	0.0005 [0.0030]	0.0027 [0.0025]	0.0030 [0.0019]
Model 2 (unweighted)	0.0028 [0.0066]	0.0086 [0.0071]	0.0074 [0.0058]	0.0031 [0.0054]	0.0009 [0.0057]	0.0004 [0.0060]	0.0001 [0.0040]	-0.0012 [0.0040]	0.0002 [0.0030]	0.0027 [0.0025]	0.0027 [0.0020]

Each estimate (top line) is the average partial effect obtained from a probit specification of equation (1). The standard errors presented in brackets are calculated with a nonparametric bootstrap using states as clusters (500 replications). Model 1 includes state and single year-of-birth fixed effects (column 1). Model 2 is identical to model 1 run on a sample that omits the five states that legalized abortion prior to *Roe v. Wade* (AK, CA, HI, NY, WA). Cells with gray backgrounds are similar to the estimates presented in the original paper (see table III of this document). Sample: Women ages 36 to 60 born between 1935 and 1959 and married by the time of observation. Source: 1979-1995 June CPS.

Table V. Average Partial Effect of ELA on the Likelihood of Giving Birth before Age a , 1935 to 1949 Cohorts Only

	15	16	17	18	19	20	21	22	23	24	25
Model 1 (weighted)	0.0005 [0.0017]	-0.0026 [0.0025]	-0.0075 [0.0049]	-0.0106* [0.0062]	-0.0224*** [0.0065]	-0.0203*** [0.0056]	-0.0237*** [0.0092]	-0.0189** [0.0080]	-0.0127 [0.0080]	-0.0087 [0.0077]	-0.0127 [0.0079]
Model 2 (weighted)	0.0012 [0.0018]	-0.0015 [0.0029]	-0.0059 [0.0053]	-0.0086 [0.0064]	-0.0211*** [0.0075]	-0.0168*** [0.0057]	-0.0203** [0.0104]	-0.0166* [0.0087]	-0.0096 [0.0078]	-0.0066 [0.0085]	-0.0102 [0.0084]
Model 1 (unweighted)	0.0024 [0.0019]	-0.0009 [0.0021]	-0.0031 [0.0041]	-0.0082 [0.0055]	-0.0213*** [0.0060]	-0.0268*** [0.0091]	-0.0309*** [0.0107]	-0.0221*** [0.0081]	-0.0160* [0.0087]	-0.0127 [0.0080]	-0.0165** [0.0075]
Model 2 (unweighted)	0.0024 [0.0018]	0.0010 [0.0021]	-0.0004 [0.0045]	-0.0048 [0.0062]	-0.0203*** [0.0073]	-0.0189** [0.0084]	-0.0234** [0.0112]	-0.0168* [0.0087]	-0.0084 [0.0086]	-0.0073 [0.0083]	-0.0102 [0.0080]
	26	27	28	29	30	31	32	33	34	35	36
Model 1 (weighted)	-0.0010 [0.0107]	0.0085 [0.0114]	0.0080 [0.0078]	0.0018 [0.0086]	0.0032 [0.0122]	0.0048 [0.0100]	0.0037 [0.0054]	0.0025 [0.0062]	0.0011 [0.0050]	0.0038 [0.0040]	0.0024 [0.0036]
Model 2 (weighted)	0.0006 [0.0106]	0.0122 [0.0108]	0.0097 [0.0078]	0.0041 [0.0080]	0.0032 [0.0116]	0.0038 [0.0091]	0.0018 [0.0051]	0.0009 [0.0056]	0.0001 [0.0048]	0.0032 [0.0037]	0.0014 [0.0035]
Model 1 (unweighted)	-0.0035 [0.0086]	0.0059 [0.0091]	0.0063 [0.0080]	0.0018 [0.0063]	0.0018 [0.0084]	0.0040 [0.0060]	0.0034 [0.0034]	0.0024 [0.0039]	0.0023 [0.0034]	0.0043 [0.0027]	0.0030 [0.0022]
Model 2 (unweighted)	0.0015 [0.0083]	0.0125 [0.0079]	0.0114 [0.0074]	0.0063 [0.0060]	0.0040 [0.0079]	0.0038 [0.0066]	0.0028 [0.0041]	0.0015 [0.0045]	0.0014 [0.0035]	0.0041 [0.0027]	0.0020 [0.0024]

See table IV notes. Sample: Women ages 36 to 60 born from 1935 to 1949 and married by the time of observation. Source: 1979-1995 June CPS.