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LOSING MORE GROUND

REVISITING YOUNG WOMEN'S WELL-BEING ACROSS GENERATIONS

By Sara Srygley, Beth Jarosz, Mark Mather, Jenin Abu-Hashem, and Diana Elliott

PRB

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Executive Summary

The Unfulfilled Promise of Generational Progress in the United States

Despite decades of progress between the 1960s and 1990s, each generation of women in the United States does not do better than the generation before—not anymore. This promise of progress began waning with Generation X and has lost even more ground with the Millennial Generation. In fact, important measures of Millennial young women's physical health and safety have worsened over the past several years:

- Suicide rates have climbed from 4.4 deaths per 100,000 among Gen X women ages 25 to 34 to 7 deaths per 100,000 women of the same age for Millennials. While suicide rates have declined among young white women, they have increased for young women of color, particularly American Indian and Alaska Native women (26.9 deaths by suicide per 100,000).
- Maternal mortality rates have increased sharply for Millennial women ages 25 to 34, from 19.2 deaths per 100,000 live births in 2013-2015 to 30.4 deaths per 100,000 live births in 2019-2021.
- Millennial young women ages 25 to 34 are now more likely to be victims of homicide than their Gen X peers, reversing a trend of generational improvement previously seen in 2017.

In contrast to the data on health and safety, young women's progress on other indicators of economic well-being and labor force participation has remained steady or improved across generations.

- The share of young women with at least a bachelor's degree has increased, with 43.6% of Millennial women completing a college education, though gaps persist by race and ethnicity.
- Young women's incarceration rate has decreased by nearly 20 percentage points, showing the first decline in more than 50 years.
- Young women's earnings as a percent of men's have increased by 7 percentage points compared to women's wages during Gen X's young adulthood.

Population Reference Bureau (PRB) sounded the alarm on the decline in generational progress in 2017 with the publication of our "Losing Ground" report and Index of Young Women's Well-Being, describing how young women's progress had stalled since the Baby Boom Generation.[1] Now, we've updated our original analysis to get a better understanding of Millennial women's well-being and, where data are available, introduced Gen Z into our comparisons.

PRB's 2023 *Population Bulletin*, "Losing More Ground: Revisiting Young Women's Well-Being Across Generations," details how progress for today's young women—those primarily ages 25 to 34 in 2019-2022—has declined in comparison to those before them. In many ways, this decline in well-being has intensified since the release of our 2017 report, during rapid changes to the social and economic landscape. These changes include the effects of the COVID-19 pandemic, the 2022 U.S. Supreme Court decision in *Dobbs v. Jackson Women's Health Organization* overturning abortion care rights, increased political divisiveness, rising inflation, and the rise of social media platforms that are central to the social lives of many young women.

Amidst this shifting landscape, social and structural barriers have contributed to today's young women experiencing more economic uncertainty and threats to their physical well-being than their peers in past generations. Despite recent improvements in women's poverty rates and earnings relative to male peers, young men and women today report high levels of stress related to inflation, money, housing costs, and the economy.[2]

Meanwhile, the threat of preventable death looms large for today's young women as homicide, suicide, and maternal mortality rates surge.

These factors dispel the notion that today's young women are doing better than the generations before them. That promise, at least for now, is woefully unfulfilled.

In this report, we provide original analysis that presents an updated picture of Millennial women relative to the women of Generation X, the Baby Boom, and the Silent Generation. Our updated data describe how their progress has declined since our 2017 index, with context about the circumstances that have contributed to these outcomes.

Social and structural barriers have contributed to today's young women experiencing more economic uncertainty and threats to their physical well-being than their peers in past generations.

Why Revise PRB's Index of Young Women's Well-Being?

PRB created the Index of Young Women's Well-Being to compare outcomes for four generations of young women at the same age and over time. Through this tool, we can see how Millennial, Gen X, Baby Boomer, and Silent Generation women—ages 25 to 34—have fared across 14 indicators covering education, poverty, labor force participation, physical and mental health, incarceration, and political representation.[3]

Millennials are now in their mid-20s to early 40s and have fully transitioned to adulthood since we published "Losing Ground" in 2017, so we focus on this generation of women in our current findings. For the first time, we also include some Gen Z comparisons—where data are available—to understand how the youngest U.S. women are faring relative to women before them.

While our focus is on young adults, we include indicators affecting teenagers, such as pregnancy and high school graduation rates. Women in the teenage and young adult years are making pivotal transitions to adulthood and establishing the foundations of their long-term health and well-being, including completing high school or college, leaving home, starting work, getting married or cohabiting, and starting families.

Our Methods

We focus only on women in this study. Although recent attention has highlighted how men lag behind women in areas such as educational attainment, life expectancy, and mass incarceration, the social and economic changes over the last several generations have been particularly harmful for women.[4]

Here we follow the same methods we used in our 2017 analysis.[5] (See **Appendix A**, p. 30.) Specifically, our index addresses the question, "Are young adult women in the Millennial Generation better or worse off than their female counterparts in Generation X, the Baby Boom, and the Silent Generation?"

First, we calculate an index score for each generation, comparing their overall well-being score to that of the previous generation. Then, we calculate the magnitude of changes across generations. We present both the overall index scores across the generations as well as the indicators and domains where progress has improved, stalled, or worsened. (See **Appendix B**, p. 34.)

How Do We Define Generations and Why Is It Controversial?

In this study, we use commonly accepted birth-year benchmarks and their associated generational definitions. These definitions include: the Silent Generation (born 1928 to 1945), Baby Boom (born 1946 to 1964), Generation X (born 1965 to 1980), Millennials (born 1981 to 1999), and Gen Z (born 2000 and later). While the exact birth years for each cohort may vary slightly depending on the source, these dates generally fall well within the most accepted generational definitions.[6]

Recently, the Pew Research Center, which has long reported generational research findings, clarified that they would do so only when age cohorts could be compared at the same point in their life cycle.[7] This decision reflects criticisms from demographers and others who have argued that generational labels are misleading, prone to stereotypes, and fodder for clickbait.[8]

These criticisms are valid. Most "generational" analyses have been snapshots of different age groups at brief moments in U.S. history and are not true generational or cohort analyses.

PRB created our Index of Young Women's Well-Being to compare generations of young women at the same age over time.

Why Use Generational Labels?

Given the challenges and criticisms, why are we using generational labels in our analysis? There are two reasons.

First, our study is like an age-period-cohort analysis (where *cohort* is akin to *generation*), which explores how age, time period, and cohort of other similar-aged people intersect.[9] This type of analysis allows us to compare generational cohorts at the same point in their life cycle.

At the same time, this type of analysis is not without its controversies—it is hard to disentangle the effect of one element from another and invalid conclusions may be drawn.[10] We try to minimize age effects by using data for same-age women across the same indicators over time. We also do not attribute conclusions to either period or cohort effects and focus on comparing the data for young women across generations.

Second, the broad acceptance of generational labels helps to communicate complex demographic analyses to audiences outside academia. If used responsibly, generational labels can expand our collective understanding of how economic, political, and social events have changed the trajectory for young people in the United States.

The Importance of Understanding Change Over Time

While generational lines and labels are somewhat arbitrary, the historical, economic, political, and social context in which people come of age has a lasting impact on their lives. For example, young women of the Silent Generation were born between the Great Depression and World War II, while the youngest entered adulthood during the Civil Rights Movement. This generation was commonly thought of as traditional and relatively passive during their young adult years, earning the title of "silent" from journalists at the time.[11] Our analysis focuses on young women of this cohort during the 1960s and 1970s, as activists in the civil rights and second wave feminist movements were highlighting racial and gender inequality in the United States.

The circumstances of the Silent Generation's childhood were different than those of Baby Boomers, who were the largest birth cohort in U.S. history. The oldest among them witnessed the Vietnam War and the start of the Civil Rights Movement as they came of age, while the youngest entered their adult years as the United States navigated an economic recession.[12] Our analysis captures data on women of this cohort as young adults during the height of the Reagan era.

Gen Xers were born during a period of declining birth rates. The oldest members of this cohort came of age during the early 1980s, a period of economic turmoil, while the youngest reached adulthood during the late 1990s, a period of economic growth. Their generational cohort is smaller than both the preceding Baby Boomers and the Millennials who came after them. They were the first cohort to grow up using personal computers. Our analysis provides a snapshot of young women in this cohort during the economic stability of the mid- to late 1990s.[13]

As technology advanced, Millennials were the first generation to grow up using the internet and to have access to cellphones during their youth. Millennials were children and teenagers at the time of the 9/11 attacks, and all but the oldest members of this cohort grew from youth to adulthood during a period of ongoing war. The oldest Millennials navigated their young adulthood during the Great Recession, while the youngest came of age during the COVID-19 pandemic.[14] Our 2017 analysis captured young women of this generation during a period of economic recovery after the Great Recession, during the second term of the first Black president in U.S. history. Our updated analysis in this report revisits Millennial women, this time capturing measures of their well-being during the COVID-19 pandemic.

We cannot fully untangle why outcomes may be different across generations, but that fact should not diminish the importance of understanding change over time for young women in the United States.

Generational labels can expand our collective understanding of how economic, political, and social events have changed the trajectory for young people in the United States.

Preparing for a New Generation of Young Women

As Gen Z transitions into adulthood, their well-being will be shaped by many of the same economic, political, and social factors that have weighed heavily on Millennial women in recent years.

COVID-19, Misinformation, and Political Divisiveness Worsen Disparities

The COVID-19 pandemic, which spread to the United States in 2020, impacted many areas of young Americans' lives, raising economic uncertainty, worsening social relationships, increasing anxiety and depression symptoms, and disrupting education and future planning normally associated with young adulthood.[15] Globally, the pandemic disproportionately impacted women by worsening existing gender disparities in health, economics, and social equity.[16]

Women of color were particularly impacted by the pandemic's upheaval due to structural inequalities that placed them at higher risk of serious illness, poverty, and food insecurity. Although many Black and Latina women work in essential and front-line roles, they also disproportionately work in occupations hit hardest by job losses.[17]

Women's physical safety was also at greater risk during the first year of the pandemic because of an increase in intimate partner violence.[18]

Amidst the pandemic, the United States saw two presidential administrations and increased political divisiveness. Widespread disinformation disseminated by the media—and especially perpetuated by social media—has contributed to political upheaval, threatened public health, and eroded the public's trust in media, government, and science.[19]

The January 6, 2021, insurrection at the U.S. Capitol demonstrated the devastating impacts of political disinformation, while COVID-19 misinformation impacted life-saving vaccine adoption and other important health care decisions for many Americans.[20]

Social Media's Double-Edged Sword

While the increasing popularity and widespread use of social media platforms have contributed to the spread of harmful misinformation, social media has also played a pivotal role in recent cultural conversations that have uniquely impacted young women's experiences.

The #MeToo movement, a social media campaign aimed at spreading awareness and encouraging conversation about sexual harassment and assault, increased many women's willingness to speak out about these issues in their own lives. In fact, most Americans believe that the movement led to improvements for women in the United States.[21]

Social media has more harmful impacts on teenage girls' self-esteem and relationships than it does on teenage boys.

Yet even as social media has provided a platform for campaigns aimed at improving circumstances for women and girls, young girls' use of these platforms has also been associated with poor body image, low self-esteem, worsening mental health, and increased suicide and self-harm behaviors.[22] These impacts are especially concerning now, as the share of teenagers who say they are online nearly all the time has just about doubled since "Losing Ground" was released in 2017.

Teenage girls use social media more than their male counterparts and experience more harmful impacts from social media related to their self-esteem and relationships.[23]

The Shifting Landscape of Reproductive Rights

Over the past 50 years, women's access to contraception and family planning resources has expanded, helping to to free them to pursue their educational and economic goals by delaying or opting out of having children. Despite these achievements, reproductive decision-making options for women have been restricted substantially since our previous report.[24]

In 2022, the U.S. Supreme Court ruling in *Dobbs v. Jackson Women's Health Organization* overturned *Roe v. Wade*, the 1973 ruling that protected abortion rights for nearly four generations of young women. While our analysis focuses on the Silent Generation through Millennial women, as Gen Z girls become young women, they will be the first in five generations to navigate young adulthood without the reproductive health protections available to the youngest members of the Silent Generation when they were the same age.

Several states have passed legislation and ballot measures to protect abortion access and other reproductive health services in recent years, but 14 states had near-total abortion

bans in effect as of August 2023, while several others have enacted additional restrictions on abortion access.[25]

For millions of American women, an abortion has become more difficult—or even impossible—to obtain. Efforts to expand and protect access to contraceptive methods such as birth control and emergency contraception are underway in many states.[26] But the outcomes of these efforts are not certain and will not fully balance the personal and social impacts resulting from abortion bans, such as increased mortality risks, limits on women's educational and economic prospects, and increased costs to Medicaid.

As state governments continue to pass legislation in the wake of *Dobbs,* the landscape of political and legislative action related to reproductive health care is rapidly shifting.

Constricting access to reproductive options is already impacting Millennial women and will likely continue to change family planning for Gen Z as they continue to enter adulthood. This issue has have contributed to worsening mental health for young women and those approaching young adulthood.[27]

The Disproportionate Impacts of Climate Change

Worrying about the future, including the impacts of climate change, is another stressor contributing to worsening mental health for teens and young adults today. Young people are more affected by climate-related anxiety than older adults, and more than two-thirds of U.S. teenagers report fear related to climate change.[28]

As the climate crisis deepens, climate-related anxiety, as well as first-hand experience with natural disasters such as wildfires, will likely have increasingly negative impacts on young women's mental and physical health and well-being.

Globally, climate change and related disasters disproportionately impact women, in part due to their economic vulnerability and overrepresentation in caregiving roles, but also due to the impacts of severe weather on women's health and physical safety.[29] For example, climate-related weather disasters are associated with higher rates of intimate partner violence, and extreme heat is associated with higher risk for pregnancy complications.[30]

Gen Z girls will be the first young women in five generations without the reproductive health protections established during the Silent Generation.

Despite Gains in Some Measures, Increased Risks to Health and Safety Prompted an Overall Decline in Well-Being

PRB found in our 2017 "Losing Ground" report that Millennial women were at a slight disadvantage (-1%) compared with the previous generation when we looked at overall scores on the Index of Young Women's Well-Being. (See Appendix B, p. 34.) At the time of that report, many Millennial women were still in their early 20s, and so our data were incomplete. When we include data through 2022, we see that Millennial women's well-being has declined even further. (See Appendix C, p. 35.)

Our updated analysis shows that Millennial women's overall well-being score is now 6% lower than that of the previous generation. The COVID-19 pandemic likely contributed to this growing gap because of its disproportionate impact on young women's poverty, health, and education (See **Box 1**, p. 10).

Across the generations of young women we studied, Baby Boomers experienced the most notable generational increase (66%) in overall well-being relative to the generation that preceded them. This increase is not surprising given that women of the Silent Generation, which preceded the Baby Boom, had fewer educational and economic opportunities available to them.

BOX 1 HOW HAS THE COVID-19 PANDEMIC AFFECTED YOUNG WOMEN'S WELL-BEING?

For millions of young women, the COVID-19 pandemic negatively affected well-being on several important indicators. While older adults were more likely to suffer the health consequences of the pandemic, young adults were most impacted in areas of mental, social, and economic health. With the federal public health emergency for COVID-19 officially over as of May 11, 2023, we can examine how the pandemic years impacted several key measures in our Index of Young Women's Well-Being.[1]

FINANCIAL HARDSHIPS LOOMED

Between 2019 and 2021, the share of young women ages 30 to 34 living in poverty increased from 13.1% to 13.7%, a notably higher rate than same-age men during this period (7.3% and 7.2%, respectively).[2] Meanwhile, young women reported a modest decline in food insecurity between 2019 (3.4%) and 2021 (2.9%).[3] This decline is likely an effect of the American Rescue Plan, which was enacted during the pandemic and helped bring down poverty for many groups and improve food security.[4] Without this program's passage, poverty and food insecurity could have been even worse for young women.

DEATH RATES INCREASED

From 2019 to 2021, deaths of young women ages 25 to 34 increased 38% (from 79 deaths to 109 deaths per 100,000). Just holding the death rate steady during this two-year period would have saved more than 10,000 young women's lives. The sharp rise in violent deaths—including homicide and suicide deaths—among young adults during this period is partly to blame. In the first year of the pandemic, homicide rates surged in the United States, seeing the highest year-to-year increase ever recorded.[5] Between 2019 and 2021, the rate of homicide deaths of young women increased more than 50% from 3.5 to 5.4 per 100,000. At the same time, the suicide rate increased by 7%, from 6.8 to 7.3 per 100,000.

ANXIETY AND DEPRESSION INTENSIFIED

PRB has identified a growing anxiety age gap between young adults (ages 18 to 29) and older adults (ages 65 and older).[6] Older adults were more likely to experience serious health issues as a result of COVID-19 infections, yet they maintained much lower levels of anxiety throughout the pandemic compared with younger adults.[7] Young women between ages 25 and 34 were more likely to report feelings of worry, nervousness, or anxiety in 2021 (39.9%) than in 2019 before the pandemic began (36.6%). The share of young women reporting feelings of depression also ticked up during this period, from 9.9% to 11.4%.[8]

DISCONNECTION FROM WORK AND SCHOOL INCREASED

The share of young women ages 18 to 24 enrolled in college fell during the pandemic, from 44.3% in 2019 to 42.8% in 2021.[9] Further, 22.6% of young American women ages 25 to 34 were not in education, employment, or training (NEET) in 2021—1.8 percentage points higher than in 2019.[10] Lack of involvement in education and work puts young people at risk of social isolation and disconnection from resources they need to improve their economic situations.

ALTHOUGH THE COVID-19 EMERGENCY HAS LIFTED, YOUNG WOMEN'S CHALLENGES HAVE DEEPER ROOTS

These statistics point to how the pandemic exacerbated existing risk factors for young women. The poverty, mortality, mental health, and education trends presented here are interconnected and extend beyond the pandemic's reach. As this Bulletin later describes, troubling trends in the data existed prior to the pandemic and reflect deeper challenges for younger generations in the United States.

1 See "Bill Signed: H.J.Res.7," White House Briefing Room.

2 PRB analysis of data from the U.S. Census Bureau's Current Population Survey (Annual Social and Economic Supplement).

3 PRB analysis of data from the U.S. Census Bureau's Current Population Survey, Food Security Supplement. PRB's analysis reflects households reporting that they sometimes or often do not have enough to eat.

4 Suzanne Macartney et al., Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, "Federal Economic Stimulus Projected to Cut Poverty in 2021, Though Poverty May Rise as Benefits Expire," February 10, 2022; and U.S. Department of Agriculture, *Help to Put Food on the Table: Faces on Nutrition Assistance in the American Rescue Plan*.

5 CDC, "New CDC/NCHS Data Confirm Largest One-Year Increase in U.S. Homicide Rate in 2020," Oct. 6, 2021.

6 Sara Srygley, Lillian Kilduff, and Mark Mather, "The Best Years of Their Lives? Young Adults Reported More Anxiety Than Older Adults During the Pandemic, Despite Lower Health Risks," PRB, Aug. 10, 2023.

7 CDC, NCHS, "COVID-19 Risks and Information for Older Adults."

8 PRB analysis of National Health Interview Survey (NHIS) Data. The NHIS includes measures of anxiety and depression by severity and frequency. PRB's analysis relies of the frequency of anxiety and depression symptoms and includes individuals who report feeling symptoms at least weekly or more as the anxiety and depression prevalence statistics.

9 National Center for Education Statistics (NCES), "Table 302.60: Percentage of 18- to 24-Year-Olds Enrolled in College, by Level of Institution and Sex and Race/Ethnicity of Student: 1970 Through 2021."

10 PRB analysis of data from the U.S. Census Bureau's American Community Survey.

Generation X also experienced a nominal gain (2%) in well-being relative to Baby Boomers, which reinforces the widely accepted notion of women's generational progress in the United States. The prominence of this notion makes the findings for Millennial women particularly surprising. As **Figure 1** shows, young women's overall well-being in the United States is now on a downward trend.

When we investigate the drivers of Millennial women's overall well-being, we see that some indicators show improvement:

- The share of young women with at least a bachelor's degree has continued to increase.
- Young women's representation in STEM fields rose.
- The incarceration rate for young women decreased for the first time in more than 50 years.
- The share of young women living in poverty has declined.

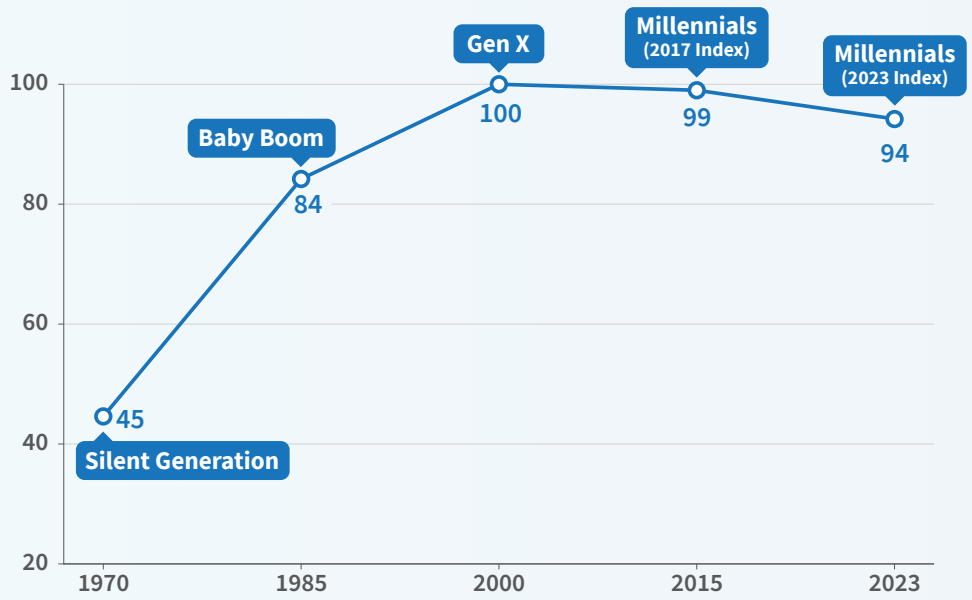
However, important measures of young Millennial women's health and safety are headed in the wrong direction:

- Maternal mortality rates increased sharply for women ages 25 to 34.
- Suicide rates for young women continued to climb.
- The homicide rate now exceeds that of Gen X.

We explore these factors in more detail below to better understand the changing dynamics affecting young women's well-being in the United States.

FIGURE 1

YOUNG WOMEN'S WELL-BEING HAS DECLINED FOR MILLENNIALS
YOUNG WOMEN'S WELL-BEING INDEX SCORES, WHERE GEN X = 100



Source: PRB, Index of Young Women's Well-Being.

Millennial Women Are More Educated Yet Less Advantaged Than Prior Generations

Over time, generations of young women have increasingly attained higher levels of education, which has improved their economic prospects, health, and longevity. Bachelor's degree attainment has increased for every generation since the Baby Boom as high school dropout rates have fallen. (See Figure 2, p. 13.)

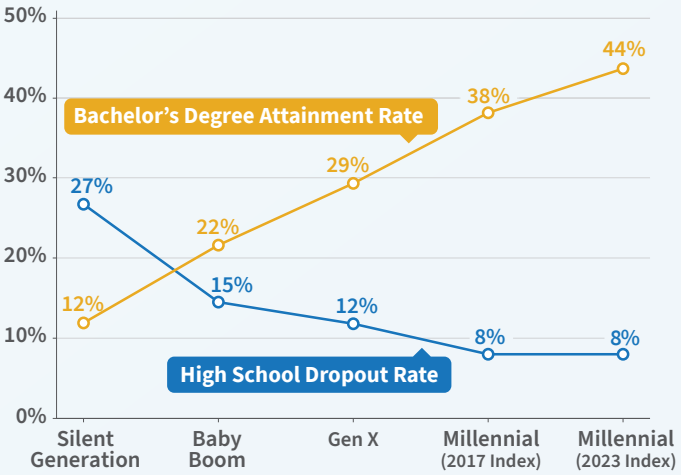
A Record Share of Young Women Have Completed College

Educational attainment has risen dramatically from one generation to the next and for women in all racial and ethnic groups. Just 12% of Silent Generation women ages 25 to 34 completed a bachelor's degree or more, compared with 43.6% of same-age Millennial women. In other words, the share of Millennial women who hold bachelor's degrees is 3.5 times higher than for young women in the Silent Generation.

The share of Millennial women ages 25 to 34 with college degrees increased by 6 percentage points since the release of our 2017 report. Yet college completion has not been a universal experience, with gaps persisting by race and ethnicity.

FIGURE 2

EDUCATIONAL ATTAINMENT CONTINUES TO IMPROVE FOR YOUNG WOMEN, WITH GAINS IN COLLEGE ATTAINMENT AND REDUCED HIGH SCHOOL DROPOUT RATES



Note: Data on bachelor degree attainment for women ages 25 to 34 are from the U.S. Census Bureau, American Community Survey.

Sources: PRB, Index of Young Women's Well-Being; National Center for Education Statistics (NCES), "Table 219.7: Percentage of High School Dropouts Among Persons 16 to 24 Years Old (Status Dropout Rate), by Sex and Race/Ethnicity: Selected Years, 1960 Through 2021"; and U.S. Census Bureau, American Community Survey.

Among women ages 25 and older, 43% of non-Hispanic white women have attained at least a bachelor's degree, compared with 31% and 22% of Black and Latina women, respectively.[31] Structural inequalities beginning early in schools may contribute to such differences, including varying levels of rigorous classroom offerings, support for Advanced Placement coursework, and school resources.[32] Socioeconomic background and family stressors also contribute to disparities in college completion.[33]

Higher Educational Attainment Is Linked to a Longer Life and Better Economic Well-Being

Higher education is associated with longevity. High school graduates live longer, on average, than those who do not graduate from high school; people with college degrees live longer still. Since "Losing Ground" was published in 2017, the mortality gap has only widened between high school and college graduates.[34]

Women with college degrees are also more financially secure than those without a high school diploma. In 2021, median earnings for women with at least a bachelor's degree ($61,079) were nearly three times higher than for women without a high school diploma ($21,603).[35]

Rising inequality since the late 1990s has resulted in growing earnings disparities between women with college degrees and those with a high school diploma or less. While the median earnings for women with a bachelor's degree or more increased by 6.5 percentage points between 2017 and 2021, the earnings for women with less than a high school diploma increased by less than 1 percentage point.[36]

The Benefits of Higher Education Face an Affordability Crisis

The high and growing cost of attending college has created an affordability crisis in the United States, and existing financial aid policies may make it harder for Black and Latina students to attend and complete post-secondary education.[37] White students receive more subsidies for college attendance than their Black and Hispanic peers with similar family income levels.[38]

While women of all racial and ethnic backgrounds who go to college hold more student loan debt than their male peers, this burden is even greater for Black women. A higher proportion of Black women carry student loan debt than white and Latina women and their average balance is higher.[39] Black and Latina women with a college degree also earn less than their white and Asian peers, contributing to a slower rate of repayment that harms their wealth building and return on investment for their degree.[40]

Student loan debt may also have negative consequences for borrowers' physical and mental health.[41] These impacts from student loan debt may counteract some of the health and economic benefits of higher educational attainment for women, particularly Black women.

Trends in Young Women's Economic Well-Being Are Mixed

Across generations, young women have made steady progress on many indicators of economic well-being and labor force participation. Since our 2017 "Losing Ground" report, Millennial women are less likely to be in poverty, more likely to own a business, and more likely to be in high-earning occupations. (See Figure 3, p. 15.)

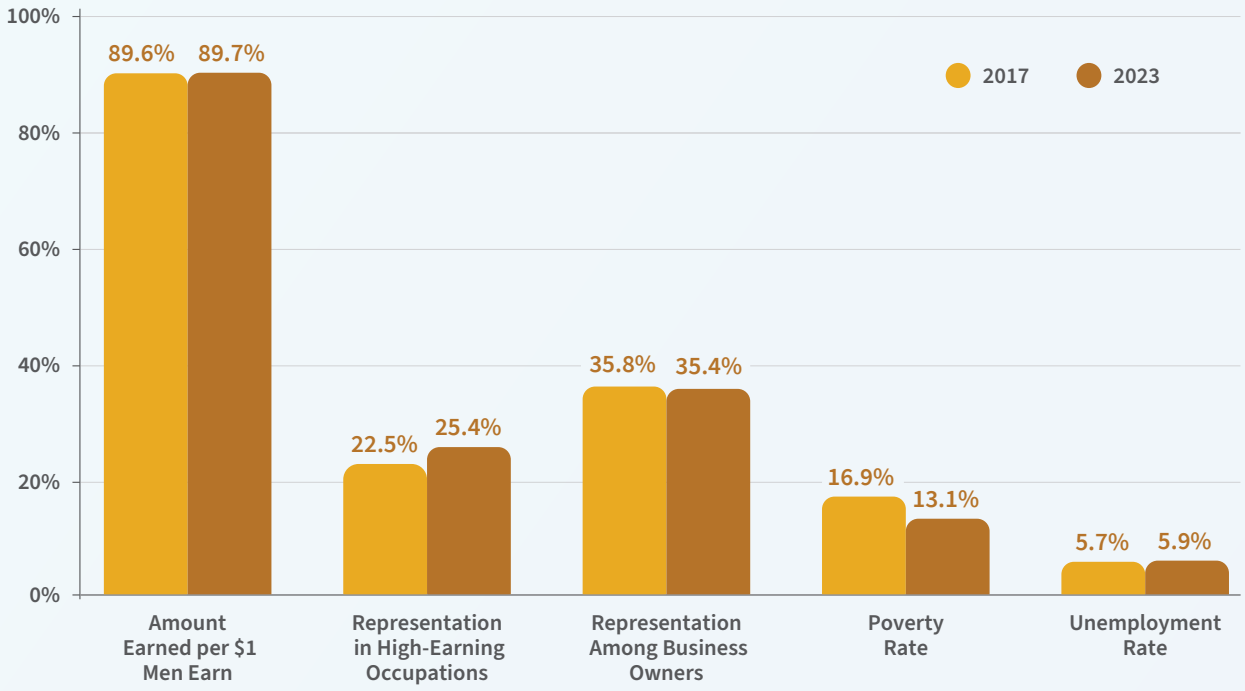
But for some indicators, the progress for Millennial women has stalled. For instance, their unemployment rates and the gender wage gap have remained relatively unchanged.

The Poverty Rate for Millennial Women Has Improved Since 2017 but Remains Higher Than for Gen X

Millennial women are more likely to be living in poverty than Gen X women were at the same life stage. Despite pandemic-related stimulus payments, which lifted millions of people out of poverty, there was an uptick in poverty during the period between 2019 and 2021.[42] (See **Box 1**, p. 10). Yet the poverty rate for today's young women shows improvement over the 2013-2015 period examined in the original "Losing Ground" index. Women's pay was rising and their poverty rates were declining before the COVID-19 pandemic created an economic and health crisis.[43]

In 2021, female-headed households were the most impoverished, with one in four such households living in poverty.[44] However, the Supplemental Poverty Measure, which captures tax credits and noncash benefits, shows that the expanded federal Child Tax Credit during the pandemic alleviated poverty for more than 1 million children living in female-headed households.[45]

FIGURE 3 **MILLENNIAL WOMEN SEE ECONOMIC PROGRESS IN SOME AREAS, STAGNATION IN OTHERS**



Note: See Appendix A for details on data sources for each economic measure used in our analysis; see Appendix Table for Millennial cohort data collection years by measure for the 2017 and 2023 indices.

Source: PRB, Index of Young Women's Well-Being, 2017 and 2023.

The Unemployment Rate Remains Largely Unchanged, Despite Fluctuations During the Pandemic

The COVID-19 pandemic also introduced increased economic uncertainty, especially for young women with children. Millennial women's unemployment rate changed little between the 2017 index (2013-2015 data) and the most recent data (2020-2022)—they are still more likely to be unemployed than Gen X women were in their young adult years.

While the average unemployment rate for Millennial women during the 2020-2022 period (5.9%) was similar to the rate in our 2017 index, the pandemic diminished women's employment prospects during the intervening years. Many working mothers dropped out of the workforce during the pandemic to balance work and family responsibilities, and women of color were most likely to exit the labor force.[46]

Young women's unemployment rate increased from 3.8% in 2019 to 4.7% in 2020 and to 6.6% in 2021, before falling back to 3.8% in 2022.[47] During the pandemic, single mothers were more likely to be employed than married mothers. Yet the unemployment rate for mothers doubled between 2019 and 2020, and for single mothers, the rate jumped by nearly 5 percentage points.[48] Despite higher labor force participation and employment rates, single mothers are still more likely to be unemployed and looking for work than married mothers.[49]

The COVID Pandemic Placed a Disproportionate Burden on Women's Labor

Occupational segregation, along with women's greater share of unpaid family labor, contributed to the disproportionate burden the COVID-19 pandemic placed on women. The pandemic was the first economic recession where women's job loss outweighed men's, as female-dominated industries

such as teaching, child care, retail, and restaurant work were shut down to prevent the spread of COVID-19.[50]

Rising unemployment and reduced labor force participation rates among all women during the pandemic were exacerbated by lack of child care availability, school closures, and virtual schooling demands. Mothers were five times more likely than fathers to report that child care and family responsibilities during the pandemic impacted their ability to work. These disruptions to employment disproportionately affected Black and Hispanic mothers compared with their white non-Hispanic peers.[51]

Women's Earnings Have Increased, but the Gender Wage Gap Persists

Young Millennial women's participation in the labor force doesn't mean they are earning wages comparable to men. Millennial women earn just under 90 cents for every $1 Millennial men earn. Although median weekly earnings for women have increased in recent years, a gender gap persists between the median weekly earnings of full-time working men ($1,181 in 2023) and women ($992 in 2023), and this gap widens with age.[52]

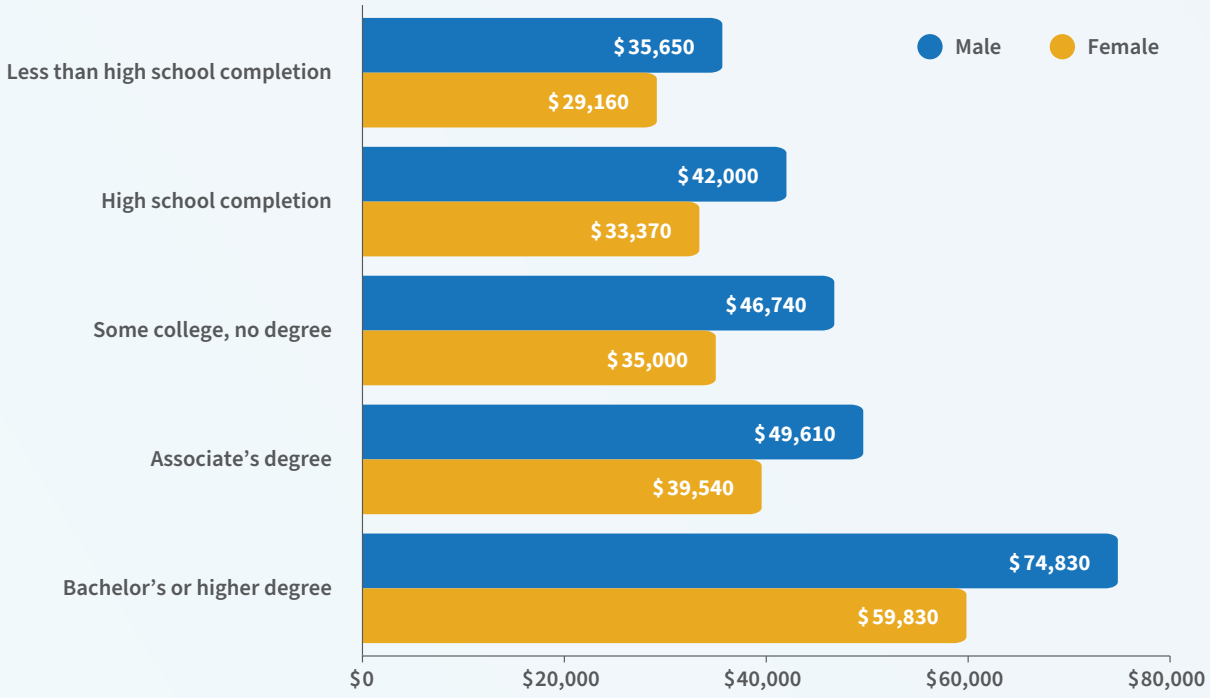
Even in female-dominated occupations such as teaching, nursing, social work, and customer service, women today earn less than their male counterparts. Yet women's overrepresentation in low-paying occupations remains a primary factor in the overall gender wage gap.

Despite U.S. women being more likely than men to enroll in and complete college, they still earn less money than men at every education level.[53] Women need to earn at least an extra degree to come close to men's earnings, but in many cases, they still do not match the earnings of men with less education. (See **Figure 4.**)

FIGURE 4

WOMEN TODAY OFTEN NEED TO COMPLETE AT LEAST ONE ADDITIONAL LEVEL OF EDUCATION TO MATCH MEN'S EARNINGS

MEDIAN EARNINGS BY EDUCATION LEVEL AND SEX, ALL AGES, 2021 DOLLARS



Source: NCES, Table 502.30: Median Annual Earnings of Full-Time Year-Round Workers 25 to 34 Years Old and Full-Time Year-Round Workers as a Percentage of the Labor Force, by Sex, Race/Ethnicity, and Educational Attainment: Selected Years, 1995 Through 2021.

While women with bachelor's degrees fare much better than men and women with lower levels of education, their earnings are still far below those of men with bachelor's degrees.[54]

More Women Today Are in High-Paying STEM Professions

As occupational gender segregation among men and women declined from our cohorts of Silent Generation young adults in the 1970s to Gen X in the 1990s, the number of mixed-gender occupations—those employing a more even distribution of men and women—also increased.[55] Our indicator for women's representation in high-paying professions shows that young Millennial women have made modest employment gains in computer, science, mathematics, and engineering jobs.

But these gains only serve to reverse the previous generation's decline in representation seen in "Losing Ground." Notably, despite modest progress, women today represent less than one-third of scientists and engineers.

Women in STEM jobs also attain higher levels of education to fill the same roles as their male peers. Nearly two-thirds of women in STEM jobs have at least a bachelor's degree, while fewer than half of of men in STEM do.[56]

These disparities are even more pronounced for women of color. (See **Figure 5**.) Among women in computing professions, just 11% were Black and 8% were Hispanic or Latina in 2019, while 56% were white.[57]

These employment and earnings gaps have contributed to less wealth—or assets minus debts—among women compared with men.

The gender wealth gap is even larger than the gender wage gap. As of 2019, single women owned just 82 cents of wealth for every dollar of wealth owned by single men. For women of color, the gulf is even more startling—for every $1 of wealth owned by single white men, single Black and Latina women hold just 9 cents of wealth.[58]

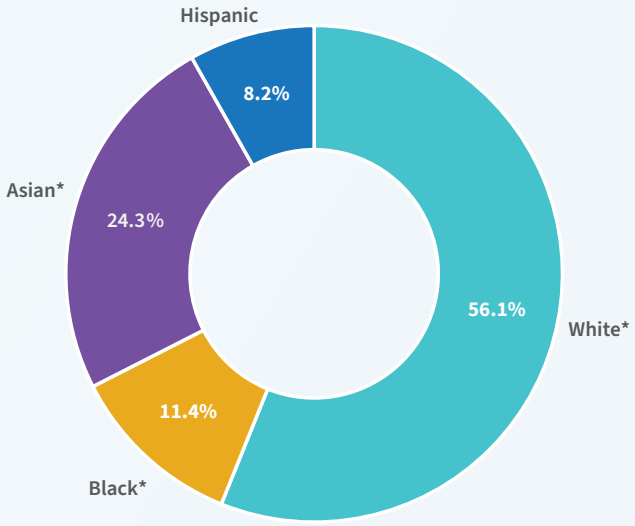
Women of All Ages Own More Businesses Today, but Self-Employment Among Young Adult Women Remains Low

While women remain underrepresented among business owners, the share of businesses owned by women (37.5% in 2019) increased by more than 10 percentage points since the late 1990s and early 2000s (an average of 27.2%). These data reflect ownership by women of all ages, limiting our ability to compare women of different generations who were entrepreneurs during their young adulthoods.

FIGURE 5

FEWER THAN 1 IN 5 WOMEN IN COMPUTING AND MATHEMATICS PROFESSIONS ARE BLACK OR HISPANIC

PERCENTAGE OF WOMEN IN THE COMPUTING AND MATHEMATICS WORKFORCE, BY RACE AND ETHNICITY



Note: An asterisk (*) for a racial/ethnic category denotes non-Hispanic.

Source: Wendy M. DuBow and Zhen Wu, *NCWIT Scorecard: The Status of Women in Computing* (Boulder, CO: National Center for Women and International Technology, 2023).

That said, we can look at women whose primary work activity is through self-employment by age group. Despite media stories about hustle culture and the entrepreneurial mindset of Millennials, the share of women between ages 25 and 34 who are self-employed has ranged between 3% and 7% since these data were first collected in 1962.[59]

The effects of the 2007 financial crisis on Millennial women's paths toward financial stability, along with the student debt crisis, may contribute to lower rates of entrepreneurship despite their high interest in becoming business owners.[60]

Business ownership can serve as a pathway to building wealth and can contribute to the narrowing of racial and gender wealth gaps.[61] However, disparities in the revenue and success of minority- and woman-owned businesses may limit women's opportunities to attain their goals of financial stability through entrepreneurship.[62]

Black women, especially those who have attained higher levels of education, have made strides in business ownership relative to their white peers.[63] Yet the preexisting racial wealth gap may make it more difficult for Black women starting a business to access capital than their white female peers or male business owners.[64]

Black woman-owned businesses are also underrepresented in high-profit industries, which contributes to lower earnings.[65] As a result of these obstacles, businesses owned by Black women have lower annual revenue than woman-owned businesses on average and are less likely to survive long term.[66]

While more women owned businesses in 2019 than in the 1990s or early 2000s, the share of young adult women who are self-employed remains low.

Important Measures of Young Women's Physical Health and Safety Have Worsened

The most startling declines in Millennial women's well-being relative to other generations, and since our 2017 analysis, have been to health and safety. Women today are more likely to die during their late 20s and early 30s than at any other point in the previous three generations.[67]

While COVID-19 has contributed to these higher rates of death, the pandemic does not explain this pattern entirely. Even excluding the pandemic years, all-cause death rates for Millennial women are considerably higher than the prior two generations.[68]

Each of the mortality measures included in our index (maternal mortality, homicide rate, and suicide rate) saw an increase since the 2017 "Losing Ground" report. In fact, homicide rates, which were previously lower for Millennials than the preceding generation, now surpass Gen X.

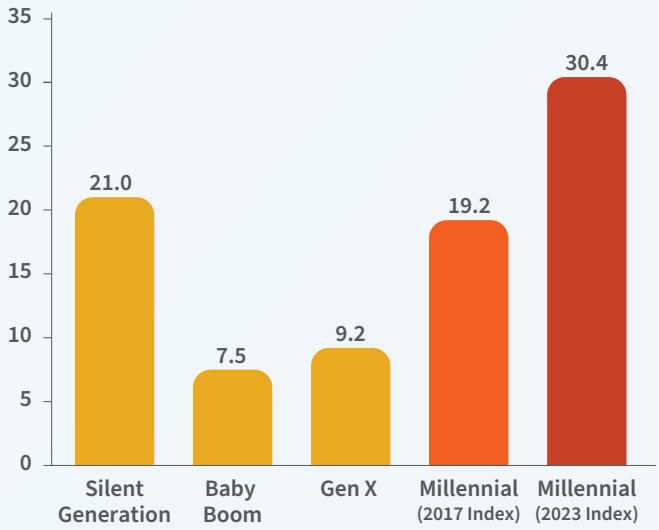
Maternal Mortality Has Sharply Increased

Over the past several years, maternal mortality has risen notably, with a rate of 30.4 maternal deaths per 100,000 live births as of 2019-2021, a rate higher than any other wealthy nation. (See **Figure 6**, p. 20.)

After rapidly improving between the Silent Generation and the Baby Boom Generation, the maternal mortality rate—or the number of maternal deaths per 100,000 live births due to complications arising during pregnancy, childbirth, and the six weeks following childbirth—has been rising. In the years 1999 to 2001, young mothers of Generation X between ages 25 and 34 faced a slightly higher risk of death during childbirth than Baby Boom women did in the years 1984 to 1986.

FIGURE 6

MILLENNIAL WOMEN'S MATERNAL MORTALITY RATE HAS RISEN SHARPLY SINCE 2017
DEATHS OF WOMEN AGES 25 TO 34 DUE TO PREGNANCY COMPLICATIONS PER 100,000 BIRTHS



Notes: Pregnancy complications include deaths related to pregnancy, childbirth, and the puerperium (period of six weeks after delivery). Data for the Silent Generation, Baby Boom, and Generation X collected prior to improved maternal mortality data collection systems.

Source: PRB, Index of Young Women's Well-Being; and analysis of CDC Wonder, "Underlying Cause of Death."

Changing Reporting Standards Don't Fully Explain the Rise in Maternal Mortality

While part of the increase across generations may be the result of improvements made between 2003 and 2019 to mortality data collection and better identification of maternal deaths, these administrative changes only partially explain the recent increase.[69] By 2019 all states had implemented a new data collection method, yet rates still rose dramatically between 2019 and 2021.[70]

Based on a detailed analysis of the new reporting standards, it is likely that maternal mortality rates for earlier generations were much higher than reported, so direct comparison is challenging.[71] However, we know that between our 2017 and 2023 well-being indices, maternal mortality rates rose considerably for Millennial women ages 25 to 34, from 19.2 to 30.4 deaths per 100,000 live births.[72]

Alarmingly, between the directly comparable years 2019 and 2021, maternal mortality rates for women ages 25 to 34 increased by nearly 52%.[73]

While this pattern of worsening maternal mortality predates COVID-19, the pandemic contributed to the increase. COVID-19 was a factor in one out of every four maternal deaths during the pandemic's first two years.[74]

In addition to COVID-19, existing barriers to accessing prenatal and postnatal medical care, racial inequity, and chronic conditions that contribute to maternal deaths all help explain the high, and rising, maternal mortality rate.[75]

Black Maternal Mortality Is More Than Twice the National Average

The United States has dramatically higher maternal mortality rates than other high-income countries. The disparity is especially stark for Black women in the United States, who had a maternal mortality rate more than twice the national average in 2020.[76] Black women are more likely than white women to die from postpartum cardiomyopathy and preeclampsia/eclampsia, and the disparities in mortality for pregnant Black women transcend socioeconomic factors such as education level and income.[77]

Structural racism in the U.S. health care system contributes to the gap in maternal mortality between Black women and their white peers, as the primary causes for Black women's mortality during pregnancy and childbirth are treatable and preventable. According to Paris "Dr. AJ" Adkins-Jackson, Assistant Professor of Epidemiology and Sociomedical Sciences at Columbia University, Black women's maternal mortality risk "is not the result of implicit bias of one health care provider, but a systemic problem that requires upstream intervention and solutions."[78]

Lack of Federal Protections for Abortion Will Likely Increase Pregnancy-Related Deaths

The *Dobbs v. Jackson Women's Health Organization* ruling by the U.S. Supreme Court in 2022 overturned *Roe v. Wade* and eliminated federal protections for abortion. As a result, *Dobbs* may contribute to further

increases in maternal mortality in the coming years for Millennial and Gen Z young women.[79] Researchers estimate that a total abortion ban in the United States could increase maternal mortality by more than 20%.[80]

While the *Dobbs* decision is not a federal abortion ban, many states have enacted total or near-total bans which will likely increase rates of pregnancy-related deaths in the most restrictive states.[81]

To address persistently high maternal mortality rates, the Centers for Disease Control and Prevention (CDC) has awarded 39 U.S. states with funding for the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) Program. The program's goal is to improve data quality, better understand contributing factors that worsen maternal mortality rates, and support the implementation of programs and policies to improve mortality rates for pregnant and childbearing women.[82]

Suicide Rates Continue to Rise, Following a Decades-Long Trend

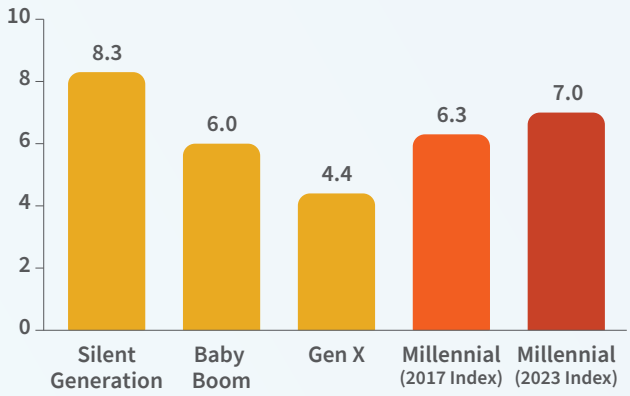
Our 2017 "Losing Ground" report found that the suicide rate for women had risen steadily since the turn of the twenty-first century, and this trend has continued: Millennial women ages 25 to 34 have a rate of 7 deaths by suicide per 100,000 women of the same age group, according to our 2023 Index, up from a rate of 4 per 100,000 for their Gen X peers. (See **Figure 7**.)

Some researchers have found links between the opioid epidemic and rising suicide rates. Their analysis suggests that biological, medical, social, and shared risk factors link opioid use to suicide.[83]

Mental health problems have also increased among young adults, a trend extending as far back as the 1930s.[84] The COVID-19 pandemic has had profound impacts on young adult women's mental health. Young adults were more likely than older adults to report feeling that the pandemic disrupted their ability to make life plans and negatively impacted their social relationships.[85] Social interaction is a protective factor against suicide, so by breaking these connections, the pandemic may have put more young adults at risk of self-harm.[86]

FIGURE 7

SUICIDE RATES FOR YOUNG WOMEN WERE LOWEST FOR GEN X BUT ARE RISING FOR MILLENNIALS
DEATHS BY SUICIDE PER 100,000 AMONG YOUNG WOMEN AGES 25 TO 34



Source: PRB, Index of Young Women's Well-Being; and analysis of CDC Wonder, "Underlying Cause of Death."

Reflecting on the peak of the pandemic, more than 70% of adults under the age of 43 indicate that the pandemic stole "major life moments they will never get back."[87] Persistent stress has also contributed to the declining mental health of young women today. As of 2022, nearly two-thirds of young women reported that they are completely overwhelmed by stress most days.[88]

Women are also at higher risk for suicidal ideation and self-harm during and after periods of pregnancy and child-bearing.[89] While estimates of suicide deaths for pregnant and postnatal women are lower than for non-pregnant/non-postnatal women, measurement of pregnant or recently pregnant women's deaths by suicide is challenging. These challenges potentially result in the undercounting of pregnancy among women who have died by suicide. Still, up

to 20% of maternal and postnatal deaths are attributed to self-harm.[90]

Looking ahead, researchers have raised concern over how restrictions on reproductive health care post-Roe v. Wade may place young women at even further risk for suicidal ideation and death by suicide as preliminary studies have found associations between restrictive state abortion policies and increased suicide rates.[91]

Suicide Rates Rise Significantly for Marginalized Groups

Rising suicide rates are not distributed evenly among young women of all races, ethnicities, and sexual orientations. While young white women have the second highest suicide rate, this rate declined between 2018 and 2021, from 9.1 deaths by suicide per 100,000 to 8.5. The rate of increase is particularly high among American Indian and Alaska Native and Black young women (17% and 16% increases since 2018).

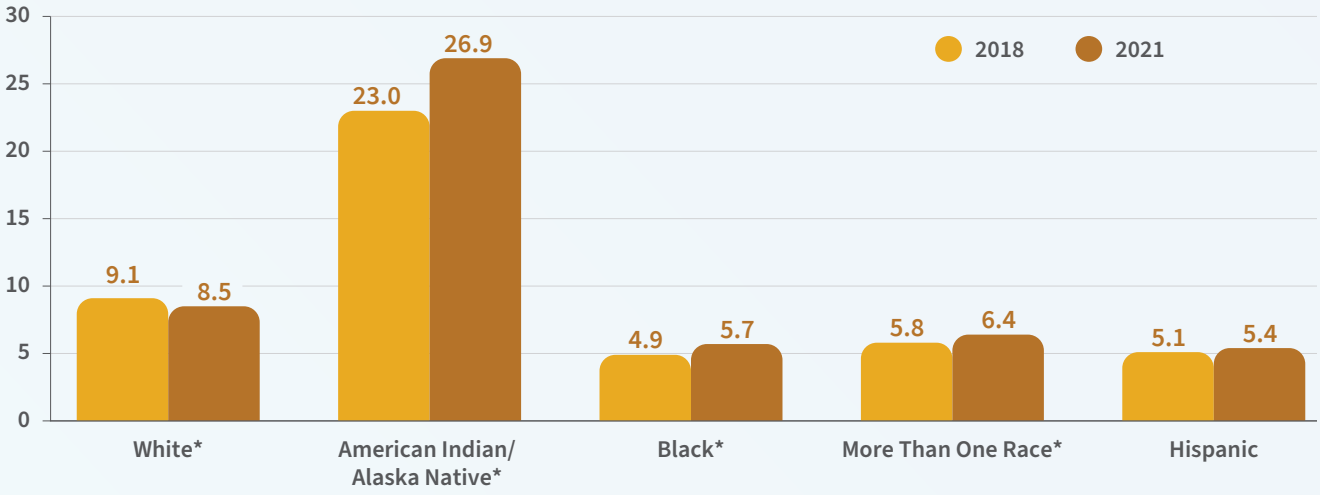
The suicide rate for young American Indian and Alaska Native women in 2021 was three times that of their white peers. (See **Figure 8**.) Systemic racism and racial marginalization, lack of culturally relevant mental health and social supports, high rates of violent victimization, and suicide clusters that result in—and spring from—the normalization of suicide may all be contributing factors to this disproportionately high rate of suicide.[92]

Among all racial and ethnic groups, lesbian and bisexual women are the most likely to report having had suicidal thoughts during the previous year.[93] And women identifying as lesbian or bisexual are more than twice as likely to have engaged in suicide-related behaviors compared with heterosexual peers.[94]

FIGURE 8

SUICIDE RATES DECLINED FOR WHITE YOUNG WOMEN AND INCREASED FOR YOUNG WOMEN OF COLOR

DEATHS BY SUICIDE PER 100,000 FOR WOMEN AGES 25 TO 34, BY RACE AND ETHNICITY



Note: An asterisk (*) for the racial/ethnic categories of Black, American Indian/Alaska Native, and white indicate non-Hispanic.

Source: PRB, Index of Young Women's Well-Being; and analysis of CDC Wonder, "Underlying Cause of Death."

Increased Homicide Rates Reverse Recent Progress

While the 2017 "Losing Ground" report found that Millennial women were at lower risk of homicide compared with previous generations, the homicide rate has since increased. As of 2021, Millennial young women ages 25 to 34 were more likely to be victims of homicide than their Gen X peers.[95] (See **Figure 9**.)

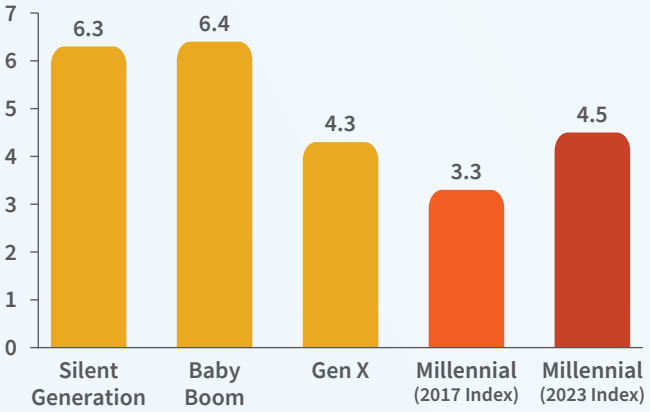
Rising Homicide Rates Disproportionately Impact Women of Color

The rising homicide rate disproportionately impacts young Black and American Indian/Alaska Native women. (See **Figure 10**, page 22.) Black women saw the highest average homicide rate in the years 2019 to 2021—14 deaths by homicide per 100,000—compared with their peers of other races and ethnicities.[96] The homicide rate for Black Millennial women is nearly 60% higher than it was for same-age Black Gen X women (8.8 in 1999-2001).[97]

FIGURE 9

HOMICIDE RATES FOR MILLENNIAL YOUNG WOMEN NOW EXCEED THOSE OF GEN X

HOMICIDE DEATHS PER 100,000 FOR WOMEN AGES 25 TO 34



Source: PRB, Index of Young Women's Well-Being; and analysis of CDC Wonder, "Underlying Cause of Death."

While in our 2017 "Losing Ground" report we found that during the 2013-2015 period Black Millennial women were three times more likely to die by homicide than their white peers, updated data reveal that in 2019-2021 Black Millennial women were five times more likely to die by homicide than their white peers.

American Indian/Alaska Native Millennial women have the next highest homicide rate after their Black peers, though it is lower than it was for same-age American Indian/Alaska Native Gen X women (1999-2001).

Importantly, data quality for the American Indian/Alaska Native population may present issues in understanding their true death by homicide rates—missing and murdered Indigenous women and girls are at risk of being undercounted by common crime and mortality tracking systems.[98] Racial misclassification of American Indian/Alaska Native women during police investigations, and inconsistencies and gaps in the recording of race and ethnicity in police department databases, contribute to the systemic issue of undercounting violent crimes against American Indian/Alaska Native women and girls.[99]

Sexual Orientation, Gender Identity, and Pregnancy Represent Increased Risk Factors

Sexual orientation and gender identity are also associated with disparities in violent victimization. Transgender women experience violent crime victimization rates more than three times that of cisgender peers.[100] Lesbian women are more than twice as likely to be victims of violent crime compared with straight women, while bisexual women are nearly eight times more likely to be victims of violence than straight peers.[101]

Pregnant and postnatal women are also at increased risk of being victims of homicide.[102] Homicide is now the leading cause of death for pregnant and postnatal women, resulting in more deaths than typical maternal mortality causes related to pregnancy, childbirth, and the six-week recovery period after giving birth.[103]

The COVID-19 Pandemic Negatively Affected Women's Safety

The COVID-19 pandemic has had profound impacts on young adult women's safety and may have worsened "social and structural conditions that contribute to violence and associated racial/ethnic inequities, including economic and housing instability, lack of access to resources and support services, and neighborhood social disorganization," according to Julie P. Schleimer and colleagues in the *American Journal of Public Health*.[104]

Quarantine orders, increased economic uncertainty, and high levels of household stress associated with the pandemic may have contributed to an increase in the prevalence and severity of domestic violence for some young women, placing them at greater risk for serious harm from intimate partner violence. At the same time, pandemic assistance efforts such as stimulus payments, which helped alleviate financial stressors, may have provided a buffer for some women.[105]

In 2021, more than three-quarters of female homicide deaths were committed by someone the victim knew, and more than one-third were committed by an intimate partner.[106] Before the pandemic (2017-2019), domestic violence crimes were higher than in 2020 and 2021, yet studies suggest this difference may be the result of underreporting—intimate partner violence may have actually increased throughout the pandemic.[107]

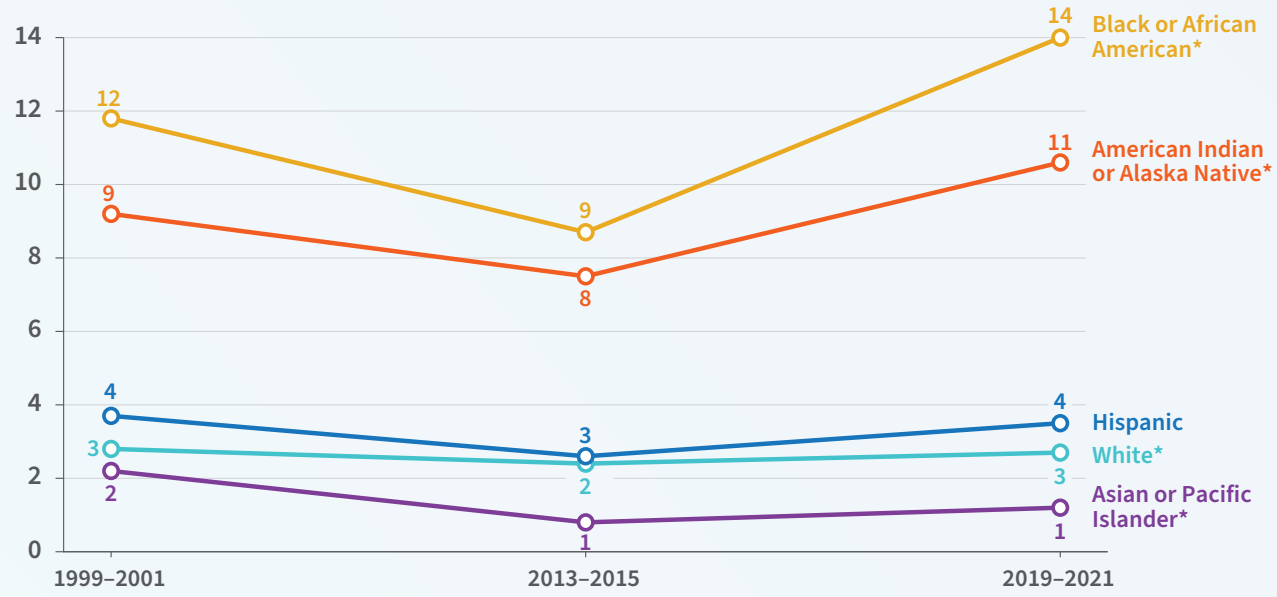
Gun Violence Fuels Rising Homicide Rates in the United States

High rates of gun violence also contribute to the rising homicide rates for young women today. The first year of the pandemic saw a surge in homicide rates, and firearm homicides increased by 35% between 2019 and 2020.[108] Of

FIGURE 10

HOMICIDE RATES FOR BLACK AND AMERICAN INDIAN/ALASKA NATIVE YOUNG WOMEN FAR EXCEED PEERS

HOMICIDE DEATHS PER 100,000 FOR WOMEN AGES 25 TO 34, BY RACE/ETHNICITY



Note: An asterisk (*) in racial/ethnic categories denotes non-Hispanic.

Source: PRB analysis of CDC Wonder, "Underlying Cause of Death."

all homicides in the United States in 2020 and 2021, about 80% involved a firearm.[109]

The United States is unique in these high rates of firearm deaths. Among the six high-income nations with the highest firearm mortality rates (including homicide, suicide, and accidental deaths), the U.S. rate is nearly five times higher than that of France, Switzerland, and Canada, and nearly 10 times higher than Norway and Sweden.[110]

Limitations in the available data on firearm injuries and deaths in the United States reduce our ability to understand the impact of firearms on young women's mortality across the generations, even as we see the high rates of firearm use in Millennial women's premature deaths.

Are Millennial women more likely to be killed by firearms compared with Gen X, Baby Boom, or Silent Generation young women? Have racial and ethnic disparities in firearm deaths persisted across the generations? Have shifts in state and federal policies related to gun ownership impacted the rates of firearm deaths among young adult women over the past 50 years? Unfortunately, the answers to these questions are difficult to find.

Due to congressional restrictions on federal funding to agencies like the CDC for the purpose of researching the public health impacts of gun violence, historical data on this issue in the United States are scarce. In 2018, a new spending bill eased limitations on federally funded gun research, so in time, we may have a better understanding of the role of firearms in public health issues such as the increasing homicide and suicide rates discussed in this report.[111]

Young Women's Incarceration Rate Declined Sharply During the Pandemic, Reversing a 50-Year Trend of Rapid Increase

Women's incarceration rate was sharply increasing prior to the COVID-19 pandemic. The 2017 "Losing Ground" Bulletin highlighted that each new cohort of young women since the Silent Generation faced a higher rate of incarceration than those who came before them. Yet, surprisingly, the incarceration rate over the period from 2019 to 2021 declined sharply: 69.7 women in prisons per 100,000 women compared with 88.8 from our 2017 index.

In 2021, one-third of all women in state and federal prisons were Millennial young women ages 25 to 34.[112] Women in their 30s have the highest incarceration rates compared with women in other adult age groups.[113] While the imprisonment rates for Black and Latina women have declined over the past two decades, they still surpass that of white women. [114]

Structural racism contributes to the disproportionate representation of women of color in the prison system.[115] Among young women in prison, American Indian/Alaska Native and Black women are overrepresented by a wide

In 2018, a new spending bill eased limitations on federally funded gun research, so in time, we may have a better understanding of the role of firearms in public health issues such as the increasing homicide and suicide rates discussed in this report.

margin. (See **Figure 11**.) Among the youngest Millennials (ages 25 to 29), the racial disparities are especially pronounced, including incarceration rates four times higher for American Indian/Alaska Native women and 1.75 times higher for Black women than their white peers.[116]

The United States Has the Highest Female Imprisonment Rate in the World

Despite the recent decline in women's incarceration rate, the United States still has the largest female prisoner population and the highest female imprisonment rate in the world.[117]

The decline between 2019 and 2021 may reflect pandemic-related delays in the criminal justice system, increased transfers to home confinement to mitigate COVID-19 impacts, and early releases due to COVID-19-related state and federal pandemic policies.[118] The U.S. Department of Justice has allowed for extensions of home confinement beyond the end of the COVID-19 public health emergency, but without long-term policy changes, incarceration rates could again rise to pre-pandemic levels.[119]

Meanwhile, health and safety risks for incarcerated women are growing. Rates of suicide and homicide are higher for incarcerated individuals than among the rest of the U.S. population. In state prisons, the rate of unnatural deaths (including suicide, homicide, and drug- or alcohol-related deaths) among female inmates increased by as much as 70% between 2003 and 2018.[120]

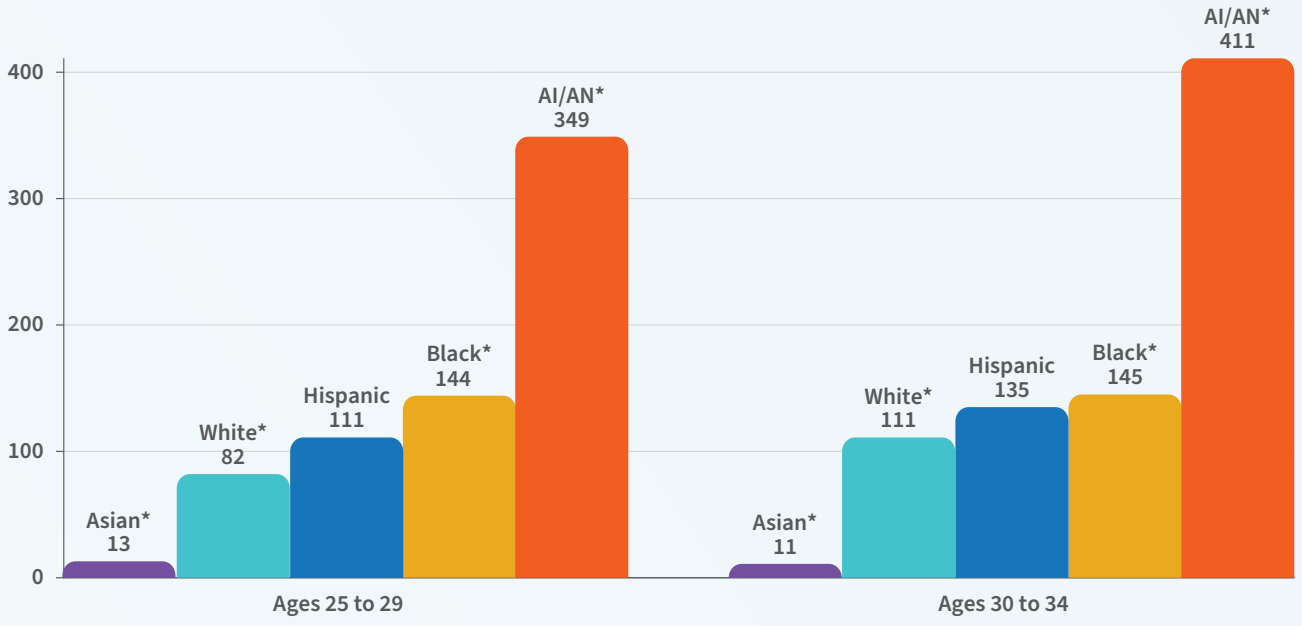
The incarceration rate for our index reflects only those women in state and federal prisons, not women held in jails or otherwise involved in the criminal justice system. Yet, the population of women in jails is just as large and includes women who are being detained but have not been convicted of a crime.[121]

Mortality risks for women held in jails has increased, with overall female jail inmate mortality rates rising 17% between 2000 and 2019. Between 2000-2002 and 2017-2019, suicide rates among female jail inmates increased by as much as 16% (from 32 to 37 per 100,000), and the rate of drug and alcohol intoxication, accidental, and homicide deaths per 100,000 female jail inmates rose sharply from 18 to 37.[122]

FIGURE 11

INCARCERATION RATES FOR AMERICAN INDIAN/ALASKA NATIVE YOUNG WOMEN ARE MUCH HIGHER THAN THEIR PEERS

INCARCERATION RATES PER 100,000, BY AGE GROUP, RACE, AND ETHNICITY (2021)



Notes: An asterisk (*) for a racial/ethnic category denotes non-Hispanic. AI/AN=American Indian/Alaska Native.

Source: E. Ann Carson, "Prisoners in 2021- Statistical Tables," Bureau of Justice Statistics, Dec. 2022.

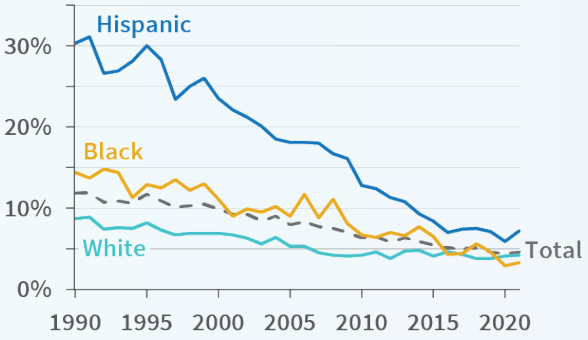
BOX 2

GEN Z GIRLS SEE IMPROVEMENTS ON TEEN BIRTH RATES, EDUCATION, AND POLITICAL REPRESENTATION COMPARED WITH PREVIOUS GENERATIONS, BUT MENTAL HEALTH CONCERNS ARE STARTLING

Gen Z girls are less likely to drop out of high school than previous generations. Gen Z girls' high school dropout rate is just over half that of Millennials (4.4% compared with 8%). In the past decade, Black and Latina young women have seen the most improvement in this area, while the high school dropout rates for young white women remained stable, as **Box Figure 1** shows. Compared with white and Hispanic peers, Black girls now have the lowest high school dropout rate.

BOX FIGURE 1

Hispanic Young Women's Dropout Rates Have Declined More But Remain Higher Than Black and White Peers



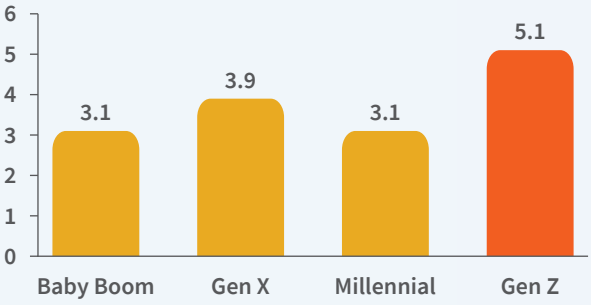
The teen birth rate for Gen Z is nearly one-third that of Millennials. The birth rate of Gen Z girls (ages 15 to 19) has fallen sharply relative to previous generations. In 2022, the national teen birth rate hit a record low (13.5 births per 100,000 girls).[1] Increased sexual abstinence may play a role in declining teen birth rates, yet the decrease can largely be attributed to an expansion in access to contraceptives.[2] Most states allow minors who meet certain criteria to consent to contraceptive care, yet only 23 states allow all minors, without additional criteria, to consent to this type of care.[3]

The suicide rate is alarmingly high for Gen Z teenage girls, who are more likely to die by suicide than teenage girls of the previous three generations. The suicide rate for Gen Z girls (ages 15 to 19) is 5.1 per 100,000 girls of the same age range. Suicide rates for this age group ranged from 3.1 to 3.9 per 100,000 for the previous three generations by comparison (**Box Figure 2**). Girls of this generation face unique social, economic, and political challenges that may contribute to poor mental health relative to previous generations. The prominence of social media in young people's daily lives, changes in policies that affect their rights, and anxiety about how climate change will affect their future further contribute to mental health impacts unique to Gen Z.[4] Teenage girls of color and those who identify as lesbian, gay, bisexual, transgender, or queer (together, more than one in three high school girls) are particularly vulnerable to rising suicide rates.[5]

BOX FIGURE 2

Teen Suicide Is More Common for Gen Z Girls Compared to the Past Three Generations

Suicide Deaths per 100,000 for Young Women Ages 15 to 19



Gen Z is witnessing record rates of female representation in government. The percentage of congressional and state legislators who are female has grown from generation to generation. As Gen Z approaches young adulthood, women comprise 30.4% of legislators, 10 times the share when Silent Generation women were young adults (3.3%) and 8 percentage points higher than for Millennials (22% in 2016). This rise may be partially attributed to the increase in civic engagement among women of this generation and to recent political events involving women's rights.[6] Unlike past generations, Gen Z women are more engaged in and enthusiastic about politics than men, and their involvement is expected to maintain its upward trajectory as Gen Z men and women become eligible to enter public office.[7]

1 Centers for Disease Control and Prevention (CDC), "U.S. Teen Birth Rate Reached Another Historic Low in 2022," June 1, 2023.

2 CDC, "About Teen Pregnancy"; CDC, *Youth Risk Behavior Survey Data Summary & Trends Report, 2011-2021*, CDC; and PRB, "U.S. Teenage Births Hit Record Lows—and Could Drop Further If Contraceptives Were More Accessible," Oct. 5, 2021.

3 Guttmacher Institute, "Minors' Access to Contraceptive Services," June 1, 2023.

4 The Annie E. Casey Foundation, "Generation Z and Mental Health," February 14, 2023; and Susan Clayton et al., *Mental Health and Our Changing Climate*, APA, 2021; and APA, *Stress in America 2020: A National Mental Health Crisis*.

5 CDC, Adolescent and School Health, "Table 4: Number and percentage of students, by sexual identity — United States and selected U.S. sites, Youth Risk Behavior Surveys, 2021"; and CDC, *Youth Risk Behavior Survey Data Summary & Trends Report*.

6 Melissa Deckman and Jared McDonald, "Uninspired by Old White Guys: The Mobilizing Factor of Younger, More Diverse Candidates for Gen Z Women," *Politics & Gender* 189, no. 1 (2023): 195-219.

7 Melissa Deckman et al., "Gen Z, Gender, and COVID-19," *Politics & Gender* 16, no. 4 (2020): 1019-27; and Millennial Action Project, "Millennial Action Project Announces 170% Increase in Gen Z-ers Serving in Public Office," press release, Jan. 18, 2023.

Cigarette Smoking Rates Continue to Decline, but E-Cigarette Use Is Increasing

Since our original analysis, cigarette smoking prevalence decreased by just over 3 percentage points (from 17.5% to 14.4%) among Millennial women. The share of young Millennial women who smoke is now nearly 8 points lower than Gen X (22.3%) rates were, and less than half of the smoking prevalence of Baby Boomers (32%) when they were the same age.

Yet use of e-cigarettes, which were not available during the young adulthood of previous generations, is rising for Millennials (of all genders) between the ages of 25 and 34. Between 2017 and 2020, prevalence of e-cigarette use also increased among women of all ages.[123]

The rise of e-cigarette use is concerning and complicates measures of current smoking behaviors among young women today. Yet, the generational smoking trend is positive, even considering the rate of e-cigarette usage among Millennials.

At the same time, other addictive and harmful substances present concerning health and safety risks for Millennial young women. From 2018 to 2021, overall drug and alcohol overdose deaths for Millennial women increased 48%, by nearly 10 deaths per 100,000 (from 18.5 to 27.4 deaths per 100,000 women ages 25 to 34).[124] And unintentional drug and alcohol overdose deaths are increasing among pregnant women in the United States at an even faster rate than for women of childbearing ages overall.[125]

Use of e-cigarettes is rising for Millennials (of all genders) between ages 25 to 34.

Conclusion

Young Women Today Face an Uncertain Future

Millennial women's well-being in the United States has been negatively impacted by the changing social, political, and economic climate of recent years. While the data show the stark impact of the COVID-19 pandemic on young women's immediate well-being, our generational analyses show that many of these same patterns existed long ago.

Women in their mid-20s and early 30s are faring worse on important measures of well-being compared with previous generations, and this trend is intensifying as they navigate young adulthood and prepare for the next phases of their lives.

One important bright spot in the data is that Millennial and Gen Z women continue to make educational strides relative to past generations, with college attainment rising and high school dropout rates declining. Yet, young Millennial women lag behind Gen X women on many key economic indicators, and they have not reached parity with men on the wage gap or in their employment in STEM professions.

Young women's progress in economic and educational domains has been offset by devastating declines in their health and longevity. Young women today are more likely to die from preventable causes, be murdered, or die by suicide than previous generations were at the same age. These risks are even more pronounced for women who are pregnant, with alarming increases in maternal mortality, suicide, and homicide for this group.

Young women today are at the highest risk of early death since at least the 1970s. Higher levels of education and economic security cannot offset the existential threats to health, safety, and longevity that they face today.

Sadly, the tale of generational progress that we have taken for granted in recent generations is no longer a guarantee for Millennial and Gen Z women. The erosion of rights and protections, a complicated economic reality, and the mental health tolls of the political, ecological, and social climate have contributed to a less certain future for today's young women.

Appendix A

Methodology

Methods Used to Calculate the Index of Young Women's Well-Being

To assess changes over time, PRB first developed the Index of Young Women's Well-Being in 2017 for the "Losing Ground" Population Bulletin. In this 2023 follow-up Bulletin, we revisit the Index of Young Women's Well-Being by updating estimates for the Millennial Generation and including early indicators, where possible, for Gen Z teenagers and young women.

This index combines 14 social, economic, and physical health indicators to compare women's well-being over time for each generational cohort (see Figure for how each generational cohort is defined by years of birth). Women are primarily ages 25 to 34 when the indicators are compared so we can understand how generations of women fare overall, as well as on each component measure included in the index.

Women's progress on the overall index is measured in terms of their absolute gains relative to women in earlier cohorts (for example, in educational attainment), as well as women's gains relative to men (for example, the gender wage gap and women's political representation).

FIGURE. BIRTH YEARS FOR GENERATIONAL COHORTS

The index measures were selected based on a review of the literature on women's empowerment and well-being, including resources from the United Nations and the Organisation for Economic Co-operation and Development, the Global Gender Gap report by the World Economic Forum, and the California Women's Well-Being Index by the California Budget and Policy Center. These and other organizations have used indices to compare women's well-being over time or across geographic areas, but PRB's index is among the first to compare the status of women across generations.

Measures were also selected based on data availability because some relevant measures are not available for earlier cohorts of women.

Base Indicators of Well-Being

Following these guiding principles, the Index of Young Women's Well-Being includes 14 measures. (See Table on p. 43 for how these indicators correspond to the data years used for each generational cohort.) The measures are as follows:

1. The **high school dropout rate**, also known as the high school status dropout rate, reflects the percentage of women ages 16 to 24 who are not enrolled in school and do not have a high school diploma or equivalent.
   Source: U.S. Department of Education, National Center for Education Statistics, Digest of Education Statistics 2016.
2. **College educational attainment** is measured as the percentage of women ages 25 to 34 who have completed a bachelor's degree or higher. (Prior to the 1990s, this indicator was measured as years of postsecondary education. In those cases, we take four or more years to be equivalent to a bachelor's degree or higher.)
   Source: Steven Ruggles et al., Current Population Survey, U.S. Census Bureau, via IPUMS USA.

3. The **gender wage gap** is the ratio of women's median weekly earnings as a percentage of men's earnings among full-time, year-round wage and salary workers ages 25 to 34.

   Source: Women's Bureau, "Labor Force Statistics from the Current Population Survey," U.S. Department of Labor.

4. **High-earning occupations** reflect the percentage of workers in computer and mathematical occupations, as well as architecture and engineering occupations, who are female. These occupational categories were selected because they have had some of the highest median earnings for at least the past 10 years.

   Source: Ruggles et al., Current Population Survey, U.S. Census Bureau, via IPUMS USA.

5. The **business ownership gender gap** is the percentage of businesses that are woman-owned, rather than man-owned or jointly owned among business owners of any age.

   Sources: U.S. Census Bureau, Survey of Business Owners and Self-Employed Persons (for data 2012 and earlier); and U.S. Census Bureau, Nonemployer Statistics by Demographics series (NES-D), Statistics for Employer and Nonemployer Firms: 2019 Tables (for data 2013 and later).

6. The **poverty rate** is the percentage of women ages 30 to 34 living below the federal poverty level. In 2022, the federal poverty level was $27,750 for a family of two adults and two children and was $18,310 for a single parent and one child. Women ages 25 to 30 were excluded from this measure due to the potential for college students without income but with family or financial aid supports that could skew poverty data.

   Source : Ruggles et al., Current Population Survey, U.S. Census Bureau, via IPUMS USA.

7. The **unemployment rate** is the percentage of women ages 25 to 34 in the labor force who do not have a job. This measure excludes women who are not looking for work, which may be a personal choice (for example, family responsibility or to pursue educational opportunity) or may be due to barriers to employment (for example, lack of access to transportation or living in a community with few available jobs).

   Source: U.S. Bureau of Labor Statistics, Current Population Survey, Labor Force Statistics.

8. The **teen birth rate** is the number of births to women ages 15 to 19 per 1,000 women ages 15 to 19.

   Sources: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), "National and State Patterns of Teen Births in the United States, 1940–2013," *National Vital Statistics Report* 63, no. 4 (2014); Joyce A. Martin, "Births: Final Data for 2015," *National Vital Statistics Report* 66, no. 1 (2017); and Michelle J.K. Osterman et al., "Births: Final Data for 2021," *National Vital Statistics Report* 72, no. 1 (2023).

9. The **maternal mortality rate** is the number of women ages 25 to 34 who died and had a primary cause of death listed as "complications of pregnancy, childbirth, and the puerperium," divided by the number of live births to women in that age group in that year, multiplied by 100,000. (The puerperium is six weeks following delivery.)

   Sources: CDC, WONDER Online Database, "Underlying Cause of Death."

10. **Cigarette smoking prevalence** is the percentage of women ages 25 to 34 who were current smokers at the time of the survey. (The definition of current smoking changed slightly in 1993.)

    Source: CDC, NCHS, "Table SmokSex. Current Cigarette Smoking Among Adults Aged 18 and Over, by Sex, Race, and Age: United States, Selected Years 1965–2019."

11. The **suicide rate** is the number of deaths of women ages 25 to 34 due to self-inflicted injury per 100,000 women ages 25 to 34.

    Source: CDC, WONDER Online Database, "Underlying Cause of Death."

12. The **homicide rate** is the number of deaths of women ages 25 to 34 due to assault per 100,000 women ages 25 to 34.

    Source: CDC, WONDER Online Database, "Underlying Cause of Death."

13. The **incarceration rate** is the ratio of adult women who are in prison under the jurisdiction of state or federal correctional authorities, per 100,000 women ages 18 and older. (The definition of prisoners has changed slightly since 1970.)

    Sources: U.S. Bureau of Justice Statistics (BJS), Prisoners Series; Ruggles et al., Current Population Survey, U.S. Census Bureau, via IPUMS USA; and BJS, "Correctional Populations in the United States, 2021 – Statistical Tables."

14. **Legislative representation** reflects the average of two measures—the percentage of state legislative seats held by women and the percentage of seats in the U.S. Congress (House of Representatives and Senate) held by women.

    Sources: U.S. House of Representatives, "Women in Congress"; and Rutgers University, Center for American Women and Politics, "Current Numbers."

Quantifying Index Values From the Base Indicators

The methods we use to quantify "Index Values" from the 14 base indicators involve several calculations:

- **The preceding generation is set as the baseline.** The Silent Generation is set as the reference point (index = 100) for Baby Boomers. Baby Boomers are then the reference point (index = 100) for Generation X, which is the referent for Millennials. Index scores over the reference value of 100 for the previous generation indicate progress, while scores below 100 indicate regression. The amount above or below the reference value (100) indicates the magnitude of the change.

  For example, the percentage of young women with a bachelor's degree or higher rose by 81% (from 11.9% to 21.6%) between the Silent Generation and the Baby Boom generation, yielding an index value of 181 (100 + 81) for Baby Boomers, with the Silent Generation set to 100 as the reference group. The rate improved by 36% for Generation X relative to Baby Boomers (rising to 29.3% from 21.6%) for an index value of 136 (100 + 36). Millennial women's rate (43.6%) increased 49% over Generation X (29.3%) for an index value of 149 (100+49). These reference-based indicators are calculated for each of the 14 indicators.

- **Positive and negative changes are taken into account.** We constructed the index so that values above 100 represent improvements for women, while values below 100 represent declines. Such values are calculated by taking into account both a generation's percentage change from the prior one and whether the measure is viewed as positive or not. This then raises or lowers the index value for each measure. For example, educational attainment increased for each successive generation, and educational attainment is a positive quality, so each generation would then have an *increase* in the index value. Poverty is viewed negatively, so an increase in the measure's value for a given generation would result in a *decrease* in the index value.

- **An overall index score is calculated.** After constructing index values for each of the 14 measures as described above, the values for each generation are then averaged to produce generation-specific scores—or the overall index score for each generation. Like most other indices of well-being, we employ an equal-weighting approach, which assumes that each measure in the index contributes equally to women's overall well-being. We chose equal weighting because deciding that one factor was more or less important than another could introduce bias. Further, values and opinions about what is important change over time, making ascribing a weight to a generational comparison challenging. The overall index scores provide a concise comparison of how women in different generations have fared over time.

Intersections of Race, Ethnicity, Sexual Orientation, Gender Identity, and Other Characteristics

It is important to note that by constructing an overall Index of Young Women's Well-Being, we may mask important differences among racial and ethnic groups. Comparable data by race and ethnicity were not available for all measures and all time periods in this analysis, but intersectionality—the compound challenge of multiple disadvantages—is an important facet of women's well-being. We add racial and ethnic context to the discussion of trends in women's well-being where possible. For several measures, we also note differences by educational status to show disparities between women with bachelor's degrees and those with lower levels of schooling.

Many other groups also are often socially and economically marginalized in U.S. society, including lesbian, gay, bisexual, transgender, and queer (LGBTQ+) populations, women with physical or mental disabilities, and immigrants. Comparing well-being across all these groups is outside of the scope of this report—and data across generations are generally limited. We recognize that women in these groups may be additionally disadvantaged because of the unique challenges that they face.

TABLE

INDICATORS IN THE INDEX OF YOUNG WOMEN'S WELL-BEING AND REPRESENTATIVE YEARS FOR EACH GENERATION

	Generation and Representative Year(s)					
	Silent Generation	Baby Boom	Generation X	Millennial, 2017 Index	Millennial, 2023 Index	Generation Z
1. **High School Dropout Rate** (ages 16-24)	1960	1975	1990	2005	2005	2020
2. **College Educational Attainment** (ages 25-34)	1970	1980-1990	2000	2015	2021	—
3. **Gender Wage Gap** (ages 25-34)	1970	1985	2000	2015	2021	—
4. **High-Earning Occupations** (ages 25-34)	1970	1980-1990	2000	2015	2021	—
5. **Business Ownership Gender Gap** (any age)	1972	1982 & 1987 (avg.)	1997 & 2002 (avg.)	2012	2019	—
6. **Poverty Rate** (ages 30-34)	1969-1971	1984-1986	1999-2001	2013-2015	2020-2022	—
7. **Unemployment Rate** (ages 25-34)	1969-1971	1984-1986	1999-2001	2014-2015	2020-2022	—
8. **Teen Birth Rate** (ages 15-19)	1960	1975	1990	2005	2005	2022
9. **Maternal Mortality Rate** (ages 25-34)	1969-1971	1984-1986	1999-2001	2013-2015	2019-2021	—
10. **Cigarette Smoking Prevalence** (ages 25-34)	1965	1985	2000	2014	2019	—
11. **Suicide Rate** (ages 25-34)	1969-1971	1984-1986	1999-2001	2013-2015	2019-2021	—
12. **Homicide Rate** (ages 25-34)	1969-1971	1984-1986	1999-2001	2013-2015	2019-2021	—
13. **Incarceration Rate** (ages 18+)	1969-1971	1984-1986	1999-2001	2013-2015	2019-2021	—
14. **Legislative Representation:** Congress	1970	1985	2000	2015	2016	2023
15. **Legislative Representation:** State	1971	1985	1999-2001	2016	2016	2023

Appendix B

Updated Measures and Index Scores

Improving Worsening

Measure	Ages	Measure Values: Silent Generation	Measure Values: Baby Boom	Measure Values: Generation X	Measure Values: Millennial	Index Score (Preceding Generation = 100): Baby Boom Compared With Silent Generation	Index Score (Preceding Generation = 100): Gen X Compared With Baby Boom	Index Score (Preceding Generation = 100): Millennials Compared With Gen X
1. **High School Dropout Rate** Percentage of Women Not Enrolled and Without a Diploma	16-24	26.7	14.5	11.8	8	146	119	132
2. **College Educational Attainment** Percentage of Women With a Bachelor's Degree or Higher	25-34	11.9	21.6	29.3	43.6	181	136	149
3. **Gender Wage Gap** Ratio of Young Women's Median Earnings to Young Men's	25-34	65	75.1	82.4	89.7	116	110	109
4. **High-Earning Occupations** Percentage of Women Among Workers in High-Earning STEM Occupations	25-34	7.5	22.7	25.1	25.4	303	111	101
5. **Business Ownership Gender Gap** Percentage of Businesses Owned by Women	Any Age	4.6	26.1	27.2	37.5	567	104	130
6. **Poverty Rate** Percentage of Women Living in Poverty	30-34	10.7	13.4	12.3	13.1	75	108	93
7. **Unemployment Rate** Percentage of Women in Labor Force Who Are Unemployed	25-34	5.8	7.4	4.5	5.9	72	139	69
8. **Teen Birth Rate** Births to Teenage Women per 1,000	15-19	89.1	55.6	59.9	39.7	138	92	134
9. **Maternal Mortality Rate** Deaths Due to Pregnancy Complications per 100,000 Live Births	25-34	21	7.5	9.2	30.4	164	77	-130
10. **Cigarette Smoking Prevalence** Percentage of Women Who Are Cigarette Smokers	25-34	43.7	32	22.3	14.4	127	130	135
11. **Suicide Rate** Women's Suicide Deaths per 100,000	25-34	8.3	6	4.4	7	128	127	41
12. **Homicide Rate** Women's Homicide Deaths per 100,000	25-34	6.3	6.4	4.3	4.5	98	133	95
13. **Incarceration Rate** Number of Women per 100,000 Who Are Incarcerated in Prisons	18 and Older	8.9	25.7	86.1	69.7	-89	-135	119
14. **Legislative Representation** Percentage of Legislators Who Are Female	Any Age	3.3	9.8	17.3	22	295	177	127
Overall Index Score						166	102	94
Percentage Change From Prior Generation						66%	2%	-6%

Appendix C

Comparison of Millennial Measures and Index Scores

Improving Worsening

Measure	Ages	Millennial Measure Values		Millennial Index Score (Gen X = 100)	
		2017 Measure Value	2023 Measure Value	2017 (Compared With Gen X)	2023 (Compared With Gen X)
1. **High School Dropout Rate** Percentage of Women Not Enrolled and Without a Diploma	16-24	8	8	132	132
2. **College Educational Attainment** Percentage of Women With a Bachelor's Degree or Higher	25-34	38.1	43.6	130	149
3. **Gender Wage Gap** Ratio of Young Women's Median Earnings to Young Men's	25-34	89.6	89.7	109	109
4. **High-Earning Occupations** Percentage of Women Among Workers in High-Earning STEM Occupations	25-34	22.5	25.4	90	101
5. **Business Ownership Gender Gap** Percentage of Businesses Owned by Women	Any Age	35.8	37.5	132	130
6. **Poverty Rate** Percentage of Women Living in Poverty	30-34	16.9	13.1	63	93
7. **Unemployment Rate** Percentage of Women in Labor Force Who Are Unemployed	25-34	5.7	5.9	73	69
8. **Teen Birth Rate** Births to Teenage Women per 1,000	15-19	39.7	39.7	134	134
9. **Maternal Mortality Rate** Deaths Due to Pregnancy Complications per 100,000 Live Births	25-34	19.2	30.4	-9	-130
10. **Cigarette Smoking Prevalence** Percentage of Women Who Smoke Cigarettes	25-34	17.5	14.4	122	135
11. **Suicide Rate** Women's Suicide Deaths per 100,000	25-34	6.3	7	57	41
12. **Homicide Rate** Women's Homicide Deaths per 100,000	25-34	3.3	4.5	123	95
13. **Incarceration Rate** Number of Women per 100,000 Who Are Incarcerated in Prisons	18 and Older	88.8	69.7	97	119
14. **Legislative Representation** Percentage of Legislators Who Are Female	Any Age	22	22	128	127
Overall Index Score				99	94
Change for Millennials Since "Losing Ground" (2017)					-5%

References

1 Beth Jarosz and Mark Mather, "Losing Ground: Young Women's Well-Being Across Generations in the United States," *Population Bulletin* 72, no. 1 (2017).

2 American Psychological Association, "Stress in America: Money, Inflation, War Pile on to Nation Stuck in COVID-19 Survival Mode," March 11, 2022.

3 Referred to as WWII Generation in Jarosz and Mather, "Losing Ground."

4 Richard V. Reeves and Ember Smith, "Boys Left Behind: Education Gender Gaps Across the US," Brookings Institution, Oct. 12, 2022; U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), "Life Expectancy in the U.S. Dropped for the Second Year in a Row in 2021," Aug. 31, 2022; and Brendan A. Fugere, "Mass Incarceration and the Male Labor Problem: The Need for Data and Solutions," *Georgetown Journal on Poverty Law & Policy*, May 4, 2023.

5 Jarosz and Mather, "Losing Ground."

6 Philip Bump, "Your Generational Identity Is a Lie," *The Washington Post*, April 1, 2015 and Michael Dimock, "5 Things to Keep in Mind When You Hear About Gen Z, Millennials, Boomers and Other Generations," May 22, 2023.

7 See Kim Parker, "How Pew Research Center Will Report on Generations Moving Forward," Pew Research Center, May 22, 2023.

8 Bump, "Your Generational Identity Is a Lie."

9 See Arnold Lau and Courtney Kennedy, "Assessing the Effects of Generation Using Age-Period-Cohort Analysis," Pew Research Center, May 22, 2023.

10 See Ethan Fosse and Christopher Winship, "Analyzing Age-Period-Cohort Data: A Review and Critique," *Annual Review of Sociology,* 45 (2019): 467–92.

11 *Time Magazine*, "People: The Younger Generation," Nov. 5, 1951.

12 Louis Menand, "The Misconception About Baby Boomers and the Sixties," The New Yorker, Aug. 18, 2019.

13 Amy McKenna, "Gen X: Origin, Years, Characteristics and Facts," *Encyclopedia Britannica.*

14 Michael Dimock, "Defining Generations: Where Millennials End and Gen Z Begins," Jan. 17, 2019.

15 See Mark Mather, "Life on Hold: How the Coronavirus Is Affecting Young People's Major Life Decisions," Population Reference Bureau (PRB), June 9, 2023; and American Psychological Association (APA), *Stress in America 2020: A National Mental Health Crisis*, 2020.

16 See Carly Kempler, "How COVID-19 Mitigation Measures Disproportionately Impacted Women and Girls," Johns Hopkins Bloomberg School of Public Health, July 11, 2022; and United Nations Population Fund, *COVID-19: A Gender Lens*, March 2020.

17 Lucy Erickson, "The Disproportionate Impact of COVID-19 on Women of Color," Society for Women's Health Research, April 30, 2020.

18 U.S. Global Leadership Coalition, "COVID-19 BRIEF: Impact on Women and Girls," May 2022.

19 Ferreira Caceres et al., "The Impact of Misinformation on the COVID-19 Pandemic," *AIMS Public Health* 9, no. 2 (2022): 262-77.

20 Jeff Jordan, "Data and Demagoguery: Human Rights and Development in the Disinformation Age," PRB, Dec. 15, 2021.

21 Associated Press-NORC at the University of Chicago, "Four Years Later, Most Believe Women Have Benefitted from the #MeToo Movement," Oct. 15, 2021.

22 U.S. Surgeon General, *Social Media and Youth Mental Health*, U.S. Surgeon General's Advisory, 2023.

23 Emily A. Vogels, Risa Gelles-Watnick, and Navid Massarat, "Teens, Social Media and Technology 2022," Pew Research Center, Aug. 10, 2022.

24 Jarosz and Mather, "Losing Ground."

25 Guttmacher Institute, "State Bans on Abortion During Pregnancy," Jan. 17, 2023 and Elizabeth Nash and Peter Ephross, "State Policy Trends 2022: In a Devastating Year, US Supreme Court's Decision to Overturn Roe Leads to Bans, Confusion and Chaos," Guttmacher Institute, Dec. 19, 2022.

26 See Centers for Medicare and Medicaid Services, "Biden-Harris Administration Proposes New Rules to Expand Access to Birth Control Coverage Under the Affordable Care Act," Jan. 30, 2023; and Elizabeth Nash and Peter Ephross, "State Policy Trends 2022: In a Devastating Year, US Supreme Court's Decision to Overturn Roe Leads to Bans, Confusion and Chaos," Guttmacher Institute, Dec. 19, 2022.

27 APA, *Stress in America 2020*.

28 APA, "New APA Poll Reveals that Americans are Increasingly Anxious About Climate Change's Impact on Planet, Mental Health," October 21, 2020.

29 Tess Mpoyi, "Family Planning and the Gendered Impacts of Crises on Women: An Effective Tool Across Sectors to Support Women's Empowerment and Build Resilience to Shocks," May 12, 2021.

30 Susan Clayton et al., *Mental Health and Our Changing Climate*, APA, 2021.

31 NCES, "Table 104.10: Rates of High School Completion and Bachelor's Degree Attainment Among Persons 25 and Over, by Race/Ethnicity and Sex: Selected Years 1910 through 2021."

32 Sarah Reber and Ember Smith, *College Enrollment Disparities: Understanding the Role of Academic Preparation* (Washington, D.C.: Brookings, Jan. 2023); Georgetown University, "AP Courses Falling Short as Tool for Narrowing Equity Gaps," *The Feed* (blog), Sep. 10, 2021; and Emma Garcia, "Schools are Still Segregated, and Black Children are Paying a Price," Economic Policy Institute, Feb. 12, 2020.

33 Monica L. Oxford and Jungeun Olivia Lee, "The Effect of Family Processes on School Achievement as Moderated by Socioeconomic Context," *Journal of School Psychology* 49, no. 5 (2011): 597-612.

34 See Robert A. Hummer and Elaine M. Hernandez, "The Effect of Educational Attainment on Adult Mortality in the United States," *Population Bulletin* 68, no. 1 (2013): 1-16; and Emily C. Marlow et al., "Mortality by Education Before and During the COVID-19 Pandemic, U.S., 2017-2020," *American Journal of Preventive Medicine* 64 no. 1 (2023): 105-116.

35 U.S. Census Bureau, "Table P-20. Educational Attainment–Workers 25 Years Old and Over by Median Earnings and Sex: 1991 to 2021."

36 U.S. Census Bureau, "Table P-20."

37 U.S. Congress Joint Economic Committee, *The College Affordability Crisis in America*, Nov. 2017.

38 Phillip B. Levine and Dubravka Ritter, *The Racial Wealth Gap, Financial Aid, and College Access*, working paper, Federal Reserve Bank of Philadelphia, Sep. 2022.

39 Ana Hernández Kent and Fenaba R. Addo, "Gender and Racial Disparities in Student Loan Debt," Federal Reserve Bank of St. Louis, Nov. 10, 2022.

40 U.S. Department of Labor, "Women's Median Weekly Earnings by Educational Attainment, Race, and Hispanic Ethnicity (Annual)"; and Kent and Addo, "Gender and Racial Disparities in Student Loan Debt."

41 See Michael Babula and Alp Idil Ersoy-Babula, 2022, "Falling Behind: The Role of Student Loans on Forgoing Healthcare," *Health and Social Care in the Community* 30 no. 5 (2022): 1944-1950; Erica White, "Student Loan Debt is Creating and Physical and Mental Health Crisis for Millions of Americans," The Network for Public Health Law, Jan. 26, 2022; and Victoria Jackson and Jalil B. Mustaffa, *Student Debt is Harming the Mental Health of Black Borrowers*, The Education Trust, June 2022.

42 Kalee Burns, Danielle Wilson, and Liana E. Fox, "Two Rounds of Stimulus Payments Lifted 11.7 Million People Out of Poverty During the Pandemic in 2020," U.S. Census Bureau, Sep. 14, 2021.

43 Jessica Semega, "Pay Is Up. Poverty Is Down. How Women Are Making Strides," U.S. Census Bureau, Sep. 10, 2019.

44 John Creamer et al., "Poverty in the United States: 2021," *Current Population Reports* P60-22 (Sep. 2022).

45 Kalee Burns and Liana E. Fox, *The Impact of the 2021 Expanded Child Tax Credit on Child Poverty*, SEHSD Working Paper #2022-24, U.S. Census Bureau, 2022.

46 Katherine Lim and Mike Zabek, "Women's Labor Force Exits during COVID-19: Differences by Motherhood, Race, and Ethnicity," Finance and Economics Discussion Series 2021-067, U.S. Federal Reserve Board, Sept. 23, 2021.

47 PRB analysis of data from the U.S. Census Bureau's Current Population Survey (Annual Social and Economic Supplement).

48 "Single mothers" refers to mothers with marital statuses other than married, spouse present including never married, widowed, divorced, separated, and married with spouse absent. U.S. Bureau of Labor Statistics, "Employment Characteristics of Families – 2020," news release, April 21, 2021.

49 U.S. Bureau of Labor Statistics (BLS), "Table 5: Employment Status of the Population by Sex, Marital Status, and Presence and Age of Own Children Under 18, 2021-2022 Annual Averages."

50 U.S. Department of Labor, *Bearing the Cost: How Overrepresentation in Undervalued Jobs Disadvantaged Women During the Pandemic*, March 15, 2022.

51 Board of Governors of the Federal Reserve System, "Examining the Pandemic's Economic Effects on Women," *Consumer & Community Context*, Nov. 2021.

52 U.S. Bureau of Labor Statistics, "Median Usual Weekly Earnings of Full-Time Wage and Salary Workers by Sex," 2023.

53 National Center for Education Statistics, "Table 219.70: Percentage of High School Dropouts Among Persons 16 to 24 Years Old (Status Dropout Rate), by Sex and Race/Ethnicity: Selected Years, 1960 through 2017."

54 National Center for Education Statistics, "Annual Earnings by Educational Attainment," May 2023.

55 Ariane Hegewisch and Heidi Hartmann, *Occupational Segregation and the Gender Wage Gap: A Job Half Done*, Institute for Women's Policy Research, Jan. 2014.

56 National Center for Science and Engineering Statistics, *Diversity and STEM: Women, Minorities, and Persons with Disabilities 2023* (Alexandria, VA: National Science Foundation, 2023).

57 Wendy M. DuBow and Zhen Wu, *NCWIT Scorecard: The Status of Women in Computing* (Boulder, CO: National Center for Women & International Technology, 2023).

58 National Women's Law Center, "Gender and Racial Wealth Gaps and Why They Matter," June 10, 2022.

59 National Women's Business Council, *Millennial Women: The Future of Entrepreneurship in America*, June 2017; and PRB analysis of data from the U.S. Census Bureau's Current Population Survey (Annual Social and Economic Supplement).

60 National Women's Business Council, *Millennial Women*.

61 Brett Theodos and Dennis Su, "Small Business Ownership and Finance," Urban Institute, March 2023; and Joyce Klein, "Building Wealth Inclusively Through Business Ownership," Aspen Institute, Oct. 18, 2021.

62 Chris Wheat, Chi Mac, and Nicholas Tremper, "Small Business Ownership and Liquid Wealth," Goering Center at the University of Cincinnati, June 10, 2021; and Andrew W. Halt, "Number of Women-Owned Employer Firms Increased 0.6% From 2017 to 2018," U.S. Census Bureau, March 29, 2021.

63 Donna Kelley, Mahdi Majbouri, and Angela Randolph, "Black Women Are More Likely to Start a Business Than White Men," *Harvard Business Review,* May 11, 2021.

64 Taylor M. Jackson and Paromita Sanyal, "Struggles and Strategies of Black Women Business Owners in the U.S.," *Journal of Business Anthropology* 8, no. 2 (2019): 228-249.

65 UNC Charlotte Urban Institute, "The Racial Wealth Gap: Business Ownership and Entrepreneurship," June 1, 2020.

66 NABA, "Investing in the Future: How Supporting Black Women-Owned Businesses and Entrepreneurs Benefits Us All," *Forbes*, April 27, 2023.

67 CDC, WONDER Online Database, "Underlying Cause of Death."

68 CDC, WONDER Online Database, "Underlying Cause of Death."

69 CDC, "Vital and Health Statistics: Series 3, Number 44," January 2020.

70 Donna L. Hoyert, "Maternal Mortality Rates in the United States, 2021," CDC, 2023.

71 NCHS, *Vital and Health Statistics: Series 3, Number 44*, CDC, January 2020.

72 CDC, "Adjustment of Maternal Mortality Rates for Misclassification"; and Hoyert, "Maternal Mortality Rates in the United States, 2021."

73 CDC, WONDER Online Database, "Underlying Cause of Death."

74 U.S. Government Accountability Office, *Maternal Health: Outcomes Worsened and Disparities Persisted During the Pandemic*, Oct. 19, 2022.

75 PRB, "Maternal Death Among U.S. Black Women," Mar. 9, 2023; and Gianna Melillo, "US Ranks Worst in Maternal Care, Mortality Compared with 10 Other Developed Nations," American Journal of Managed Care, Dec. 3, 2020; and Kathy Katella, "Maternal Mortality Is on the Rise: 8 Things to Know," Yale Medicine, May 22, 2023.

76 Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, "The U.S. Maternal Mortality Crisis Continues to Worsen: An International Comparison," The Commonwealth Fund blog, Dec. 1, 2022.

77 PRB, "Maternal Death Among U.S. Black Women."

78 PRB, "Maternal Death Among U.S. Black Women."

79 Maggie Koerth and Amelia Thomson-DeVeaux, "Overturning Roe v. Wade Could Make Maternal Mortality Even Worse," *FiveThirtyEight*, May 31, 2022.

80 Amanda Jean Stevenson, "The Pregnancy-Related Mortality Impact of a Total Abortion Ban in the United States: A Research Note on Increased Deaths Due to Remaining Pregnant," *Demography* 58, no. 6 (2021).

81 Elizabeth Nash and Peter Ephross, "State Policy Trends 2022: In a Devastating Year, US Supreme Court's Decision to Overturn Roe Leads to Bans, Confusion and Chaos," Guttmacher Institute, Dec. 19, 2022; and Natalia Vega Varela et al., "The State of Reproductive Health in the United States," Gender Equity Policy Institute, Jan. 19, 2023.

82 CDC, "Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM)," June 16, 2023.

83 Amy S.B. Bohnert and Mark A. Ilgen, "Understanding Links Among Opioid Use, Overdose, and Suicide," *New England Journal of Medicine* 380 (2019): 71-9; and Lawrence Scholl, et al. "Drug and Opioid-Involved Overdose Deaths - United States, 2013-2017," *MMWR. Morbidity and Mortality Weekly Report* vol. 67, no 5152 (2018): 1419-27.

84 Jean M. Twenge et al., "Birth Cohort Increases in Psychopathology Among Young Americans, 1938-2007: A Cross-Temporal Meta-Analysis of the MMPI," *Clinical Psychology Review* 30, no. 5 (2009): 145-154.

85 APA, "Stress in America: A National Mental Health Crisis," Oct. 2020; Mark A. Reger, Ian H. Stanley, and Thomas E. Joiner, "Suicide Mortality and Coronavirus Disease 2019 – A Perfect Storm?" *JAMA Psychiatry* 77, no. 11 (2020): 1093-1094.

86 Mark A. Reger, Ian H. Stanley, and Thomas E. Joiner, "Suicide Mortality and Coronavirus Disease 2019 – A Perfect Storm?" JAMA Psychiatry 77, no. 11 (2020): 1093-1094.

87 APA, "Stress in America: Money, Inflation, War Pile on to Nations Stuck in COVID-19 Survival Mode," March 11, 2022.

88 APA, "Stress in America: Concerned for the Future, Beset by Inflation," Oct. 2022.

89 Lindsay K. Admon et al., "Trends in Suicidality 1 Year Before and After Birth Among Commercially Insured Childbearing Individuals in the United States, 2006-2017." *JAMA Psychiatry* 78, no. 2 (2020): 171-76.

90 Kathleen Chin, Amelia Wendt, Ian M. Bennett, and Amritha Bhat, "Suicide and Maternal Mortality," *Current Psychiatry Reports* 24 no. 2 (2022): 239-275.

91 Jonathan Zandberg et al., "Association Between State-Level Access to Reproductive Care and Suicide Rates Among Women of Reproductive Age in the United States," *JAMA Psychiatry* 80, no. 2 (2022): 127-34.

92 Substance Abuse and Mental Health Services Administration (SAMHSA), *Suicide Clusters Within American Indian and Alaska Native Communities* (Rockville, MD: Center for Mental Health Services, SAMHSA, 2017); and André B. Rosay, "Violence Against American Indian and Alaska Native Women and Men," *National Institute of Justice Journal* 277 (2016).

93 Rajeev Rachmand, "Disparities in Suicide Risk Among Lesbian, Gay, and Bisexual Adults." Presented at the Suicide-Focused Assessment and Treatment: An Update for Professionals course, Oct. 26, 2022.

94 Antony Chum et al., 2023, "Disparities in Suicide-Related Behaviors Across Sexual Orientations by Gender: A Retrospective Cohort Study Using Linked Health Administrative Data," *American Journal of Psychiatry*, Jun. 7, 2023 (online ahead of print).

95 CDC, WONDER Online Database, "Underlying Cause of Death."

96 CDC WONDER, "Underlying Cause of Death."

97 CDC WONDER, "Underlying Cause of Death."

98 U.S. Bureau of Indian Affairs, "Missing and Murdered Indigenous People Crisis"; and Urban Indian Health Institute, *Missing and Murdered Indigenous Women & Girls*, Seattle Indian Health Board, 2018.

99 Urban Indian Health Institute, *Missing and Murdered Indigenous Women & Girls*.

100 UCLA School of Law, "Transgender People Over Four Times More Likely Than Cisgender People to Be Victims of Violent Crime," press release, March 23, 2021.

101 Bureau of Justice Statistics (BJS), *Violent Victimization by Sexual Orientation and Gender Identity, 2017-2020*, U.S. Department of Justice (DOJ), June 2022.

102 National Institutes of Health, "Science Update: Pregnancy-Associated Homicides on the Rise in the United States, Suggests NICHD-Funded Study," press release, Sept. 16, 2022.

103 Harvard University T.H. Chan School of Public Health, "Homicide Leading Cause of Death for Pregnant Women in U.S.," Oct. 21, 2022.

104 Julia P. Schleimer, et al., 2022: "Neighborhood Racial and Economic Segregation and Disparities in Violence During the COVID-19 Pandemic," American Journal of Public Health 112, 144-153.

105 Freya Thiel et al., 2022, "Changes in Prevalence and Severity of Domestic Violence During the COVID-19 Pandemic: A Systematic Review," *Frontiers in Psychiatry* vol. 13, 874183, April 13, 2022.

106 Erica L. Smith, "Female Murder Victims and Victim-Offender Relationship, 2021," BJS, Dec. 2022.

107 Alexandra Thompson and Susannah N. Tapp, *Criminal Victimization, 2021*, BJS, Sept. 2022.

108 CDC, "Firearm Deaths Grow, Disparities Widen."

109 Scott R. Kegler et al., "Vital Signs: Changes in Firearm Homicide and Suicide Rates — United States, 2019–2020," *MMWR Morbidity and Mortality Weekly Report* 71, no. 19 (2022); and John Gramlich, "What the Data Says About Gun Deaths in the United States," Pew Research Center, April 26, 2023.

110 Evan D. Gumas, Munira Z. Gunja, Reginald D. Williams II, "The Health Costs of Gun Violence: How the U.S. Compares to Other Countries," The Commonwealth Fund, April 20, 2023.

111 Allen Rostron, "The Dickey Amendment on Federal Funding for Research on Gun Violence: A Legal Dissection," *American Journal of Public Health* 108, no. 7 (2018): 865-867.

112 E. Ann Carson, "Prisoners in 2021-Statistical Tables, Table 10: Percent of sentenced prisoners under the jurisdiction of state or federal correctional authorities, by sex, race or Hispanic origin, and age, December 31, 2021," BJS, Dec. 2022.

113 E. Ann Carson, "Prisoners in 2021-Statistical Tables, Table 13: Imprisonment rates of U.S. residents, based on sentenced prisoners under the jurisdiction of state or federal correctional authorities, by demographic characteristics, December 31, 2021," BJS, Dec. 2022.

114 E. Ann Carson, "Prisoners in 2021-Statistical Tables, Table 13;" and E. Ann Carson, "Prisoners in 2010- Statistical Tables, Table 14."

115 Juana Hutchinson-Colas, et al. "Structural Racism and the Impact on Incarcerated Midlife Women," *Women's Midlife Health 8, no. 12 (2022)*.

116 E. Ann Carson, "Prisoners in 2021-Statistical Tables, Table 13."

117 Birbeck, "New Birbeck Research Show the World Female Prison population Has Increased By 60% Since 2000," University of London, Oct. 19, 2022.

118 United States Courts, "Court Operations and Pandemic Response – Annual Report 2021"; Office of the Attorney General, "Memorandum for Director of Bureau Prisons: Prioritization of Home Confinement as Appropriate in Response to COVID-19 Pandemic," March 26, 2020; and Kelly Lyn Mitchell et al. *Examining Prison Releases in Response to COVID: Lessons Learned For Reducing the Effects of Mass Incarceration*, Robina Institute of Criminal Law and Criminal Justice, July 2022.

119 Office of the Attorney General, "Office of the Attorney General; Home Confinement Under the Coronavirus Aid, Relief, and Economic Security (CARES) Act," Federal Register, April 4, 2023; and Aleks Kajstura and Wendy Sawyer, "Women's Mass Incarceration: The Whole Pie 2023," Prison Policy Initiative, March 1, 2023.

120 E. Ann Carson, "Mortality in State and Federal Prisons, 2001-2019 – Statistical Tables," BJS, Dec. 2021.

121 Kajstura and Sawyer, "Women's Mass Incarceration."

122 E. Ann Carson, "Suicide in Local Jails and State and Federal Prisons, 2000-2019- Statistical Tables," BJS, Oct. 2021; BJS, Oct. 2021; and E. Ann Carson, "Mortality in Local Jails, 2000-2019 – Statistical Tables," BJS, Dec. 2021.

123 Ellen Boakye et al. "Assessment of Patterns in e-Cigarette Use Among Adults in the US, 2017-2020," *JAMA Network Open* 5, no. 7 (July 1, 2022).

124 Based on ICD codes X40–X44 (unintentional), X60–X64 (suicide), X85 (assault), and Y10–Y14 (undetermined intent). For more information: Svetla Slovava, et al. "Drug Overdose Deaths: Let's Get Specific," *Public Health Rep* 130, no. 4 (2015).

125 Paola Scommegna, "Drug Overdoses May Drive Death Rate Rise Among Recently Pregnant U.S. Women," PRB, January 27, 2022.

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LOSING MORE GROUND

REVISITING YOUNG WOMEN'S WELL-BEING ACROSS GENERATIONS

Despite decades of progress between the 1960s and 1990s, each generation of women in the United States does not do better than the generation before—not anymore.

The decline in well-being has in many ways intensified amidst rapid changes to the social and economic landscape brought on by factors such as the effects of the COVID-19 pandemic, increased political divisiveness, and rising inflation. This *Population Bulletin* updates PRB's original 2017 analysis to get a better understanding of Millennial women's well-being compared to prior generations and, where data are available, introduce Gen Z.

While some indicators show improvement for Millennial women—increasing education, decreasing rates of incarceration and poverty—important measures of health and safety are headed in the wrong direction, including rates for maternal mortality, suicide, and homicide.

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