Are Social Welfare Policies 'Pro-Life'?
An Individual-Level Analysis of Low-Income Women

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This paper tests the hypothesis that low-income women's likelihood of choosing abortion will decrease as their access to and participation in social welfare programs increases. Though an affirmative finding could challenge the coherence of a morally and fiscally conservative Republican coalition and thus improve prospects for the safety net's political future, findings from a sample of low-SES, urban mothers do not support this hypothesis. Welfare program participation and state welfare generosity are positively associated with the likelihood of choosing abortion. The existence and magnitude of this relationship, however, is mediated by the rules of state welfare bureaucracies and also varies by women's race and marital status. Limitations on abortion access appear to reduce abortions, while the nongovernmental safety net does not affect abortion decisions.

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This paper tests the hypothesis that low-income women's likelihood of choosing abortion will decrease as their access to and participation in social welfare programs increases. Though an affirmative finding could challenge the coherence of a morally and fiscally conservative Republican coalition and thus improve prospects for the safety net's political future, findings from a sample of low-SES, urban mothers do not support this hypothesis. Welfare program participation and state welfare generosity are positively associated with the likelihood of choosing abortion. The existence and magnitude of this relationship, however, is mediated by the rules of state welfare bureaucracies and also varies by women's race and marital status. Limitations on abortion access appear to reduce abortions, while the nongovernmental safety net does not affect abortion decisions.

These are uncertain times for the American social safety net. Debate over the welfare state intensified during the 1980s and 1990s, culminating in a 1996 reform bill that ended cash welfare as a federal entitlement, tightened work requirements and other conditions for welfare eligibility, and placed a time limit on welfare receipt (Lieberman and Shaw 2000; Soss et al. 2001). While other aspects of the welfare state have not eroded at the same pace, lawmakers are pondering downsizing or privatizing even such popular programs as Social Security and Medicare (Hacker 2002; Hacker 2004; Weir 1998). Mounting budget deficits (Hacker and Pierson 2005), polarized parties that play to the middle class (Weir 1998), and public antipathy toward "welfare" (Gilens 1999) combine with more stable factors such as low-income Americans' relative lack of political influence (APSA Task Force on Inequality and American Democracy 2004) to dim prospects for strengthening those public assistance programs aimed at the economically disadvantaged.

Yet not every proposal to tighten welfare programs for the poor made it into the 1996 reform. The introduction of a cross-cutting issue, abortion, reframed the debate over one specific proposal and played a key role in its defeat. This small victory suggests a potentially fruitful new approach to some aspects of welfare politics, and sets off the prior empirical inquiry with which this paper is more immediately concerned—the connection between welfare programs and the abortion decisions of low-income women.

Abortion surfaced most clearly in the debate over a reform proposal called the "family cap," because it "capped" the number of children the government would support at the number a family had when applying for welfare. This would end the previous practice of increasing families' grants when new children were born, and was strongly supported by conservatives as discouraging out-of-wedlock childbearing and welfare dependency. The debate complicated when the National Right to Life Committee, the Catholic Church, and others argued that the

denial of assistance could force more poor women to have abortions (Joffe 1998). This split in the Republicans' moral issues base effectively defeated the proposal, as the final bill left the matter to the states.

This debate elucidated tension in a fiscally and morally conservative GOP platform. It has not gone unnoticed by other scholars and commentators (Mirkin and Okun 1994; Pollitt 1999; Schroedel 2000). Since political elites of all stripes claim to want to reduce abortion (Clinton 2005; Feminists For Life of America 2001), assistance programs figure prominently in calls for "common ground" in abortion politics (Dionne 2005; Goggin 1993a; Mathewes-Green 1995; Mirkin and Okun 1994; Tribe 1990). Two widely-circulated op-eds of the 2004 presidential campaign went so far as to suggest that a vote for a fiscally liberal administration was the truly "pro-life" vote (Roche 2004; Stassen 2004). The rationale behind these arguments is that the expansive social and economic policies promoted by liberals would better protect families from economic hardship and would defray the material and opportunity costs of childbearing, making abortion less necessary.

This paper puts the latter argument to an empirical test. Does more generous social welfare policy reduce abortion? While research in population studies, psychology, and health shows that economic hardship is a major reason behind many women's abortion decisions (Faria, Barrett, and Goodman 1985; Finer et al. 2005; Freeman 1978; Glander et al. 1998; McIntyre, Anderson, and McDonald 2001; Torres and Forrest 1988), much less is known about how social welfare policy might affect abortion usage. The question is newer still to political scientists, despite their calls for more study of how public policy affects abortion rates (Goggin 1993b).

A finding that social welfare generosity is associated with lower levels of abortion could have important implications for the future of the safety net and for American electoral politics.

At issue is the coherence of the Republican coalition and its position on social welfare, given the party's official stance on abortion. Further, it would be a positive contribution to the literature on the behavioral effects of welfare policy, one that has largely emphasized "negative" effects such as long-term dependence, disincentives to work and marriage (Mead 1992; Murray 1984), encouragement of nonmarital childbearing (Moffitt 1997), and the migration of welfare recipients to states with the highest benefits (Bailey 2005; Peterson and Rom 1989).

Theoretical Perspective: Policy Tools and Human Behavior

This investigation draws its theoretical perspective from the literature on policy implementation and compliance. This literature studies governmental institutions' effectiveness at influencing individual behavior through policy tools, as well as the factors that affect policy choice. It assumes that public policy aims "to get people to do things that they might not otherwise do; or it enables people to do things that they might not have done otherwise" (Schneider and Ingram 1990, p. 513). This paper's concern is with the latter aim and with one particular category of policy options that Schneider and Ingram call "capacity-building tools."

Salamon (1981) proposes that the analysis of policy tools center on two questions. The first concerns how the choice of one option rather than another contributes to the effectiveness of a government program. The second concerns the political or other factors that influenced selection of the winning alternative. My focus is on the first. This paper attempts to gauge the impact of social welfare generosity on abortion usage. Additionally, I compare the potential effectiveness of this capacity-building tool, favored by liberals who affiliate with the Democratic party, to alternatives favored by conservatives who associate with the Republican party. These are the private safety net and regulation of abortion, the latter of which fits Schneider and Ingram's taxonomy most appropriately as an "authority tool".

Why might social welfare be capacity-building in the context of abortion decisions?

One of the earliest articulations of welfare programs as capacity-building tools for would-be mothers was the account of the Swedish welfare state reforms by scholar and policy maker Alva Myrdal (Myrdal 1968 (1941)). According to Myrdal, Sweden developed one of the world's most generous welfare states to increase its sagging birth rate while avoiding interventions that would make parenthood anything but voluntary. This strategy reflected her belief that the decline in birth rates had been driven by reasons other than personal preference—that many women were undergoing unwanted abortions out of economic desperation, and many more were avoiding pregnancy solely because they could not afford children, especially in combination with work.

During the mid-twentieth century, social welfare policies became important and explicit components of many European countries' pronatalist population policy, though sometimes in combination with propaganda or changes in marriage and abortion law. The capacity-building tools in these policy packages typically dealt with child care supply and affordability, leave time, and financial assistance to parents (Besemeres 1981). Some researchers have found that these economic incentives did indeed reverse countries' declining birth rates and proceeded to sustain them over subsequent years (Buttner and Lutz 1990; Frejka 1980; Legge Jr. and Alford 1986), while others are more guarded in their assessments (Gornick and Meyers 2003; Monnier 1990). One study that compared countries along their relative policy emphasis on economic incentives for childbearing versus restrictions on abortion concluded that economic incentives were considerably more effective at increasing birth rates (Legge Jr. and Alford 1986).

Much scholarship on abortion demand in the U.S. also implies a capacity-building role for economic assistance, drawing from economic theories of fertility and a rational choice framework (Garbacz 1990; Gohmann and Ohsfeldt 1993; Grossman and Joyce 1990; Jewell and

Brown 2000; Joyce and Kaestner 1996; Leibowitz, Eisen, and Chow 1986; Medoff 2002; Powell-Griner and Trent 1987). According to this theory, abortion demand rises with the relative cost of childbearing, where cost encompasses monetary cost, psychic cost, and foregone opportunities. Thus abortion should be most common among poor, young, or highly educated professional women. Its utilization should also be sensitive public policy that affects the relative costs abortion and childbearing. Though it is debatable how strongly individuals weigh costs when making childbearing decisions, welfare benefits theoretically make the payoff structure associated with childrearing more attractive than it would be in their absence (Akerlof, Yellen, and Katz 1996; Joyce and Kaestner 1996; Leibowitz, Eisen, and Chow 1986).

Finally, a case for social welfare programs as capacity-building tools in a reproductive rights context comes from potential target populations. Grassroots activists among low-income women and women of color, particularly during the 1960s and 1970s, argued government violated their right to bear children when it failed to provide them with health care and other economic resources necessary to properly raise a family (Dugger 1998; Nelson 2003; Solinger 2001). Historians claimed that the modern feminist movement alienated black women during its formative years because its emphasis on abortion and other means of freeing women from motherhood and the home did not speak to women of color, who largely worked drudge jobs and could not yet take motherhood for granted (hooks 1984; Nelson 2003). With considerably more support this time from the reproductive rights movement (Joffe 1998), advocates for low-income women during the most recent round of welfare reform argued again that cuts in social welfare endangered their right to bear children (Jencks and Edin 1995; Roberts 1999).

Though many presume that social welfare generosity should reduce abortions, we know very little about whether it actually does. Despite voluminous research on whether welfare

benefits encourage nonmarital childbearing,[1] the academic community has not reached consensus on this issue (Moffitt 1997). An individual-level analysis of pregnant teenagers in one California town found that welfare receipt was positively associated with the decision to continue a pregnancy (Leibowitz, Eisen, and Chow 1986). In a three-state study, expansions in the eligibility of pregnant women and infants for another social welfare program, Medicaid, were associated with substantial decreases in the probability that an unmarried, nonblack woman with no high school diploma would obtain an abortion (Joyce and Kaestner 1996).

No study appears to have examined child care policy's relationship to abortion, though several have indicated that expected or actual fertility decreases when child care is costlier or more scarce. Those that considered child care subsidies or tax credits found they helped mitigate this effect (Blau and Robins 1989; Blau and Robins 1991; Del Boca 2002; Lehrer and Kawasaki 1985; Mason and Kuhlthau 1992; Presser and Baldwin 1980; Rindfuss and Brewster 1996). Child care availability and affordability, including public subsidization of child care, are significantly associated with mothers' labor force status (Bainbridge, Meyers, and Waldfogel 2003; Blau and Robins 1989; Blau and Robins 1991; Gornick and Meyers 2003; Mason and Kuhlthau 1992; Presser and Baldwin 1980), appearing to help some women to maintain their employment and career aspirations in spite of parenthood.

An alternative hypothesis, that welfare programs may increase abortions, remains plausible, though the balance of theory suggests that welfare programs should improve women's capacity to choose childbearing in those cases where economic need is the major reason why pregnancy is a problem. First, alongside any women who turn to abortion because of their

[1] This research does not concern itself with abortion. Its theory usually focuses on pre-conception rather than post-conception decisions.

economic need may be women whose inability to pay prevents them from terminating a pregnancy. This latter concern motivates advocates of publicly funded abortion, but could also be alleviated by general welfare assistance. In countries like the United States where the means-tested welfare state is relatively small (Skocpol 1995) and most families cannot live on public assistance alone (Edin and Lein 1997), welfare programs may more successfully help women who desire abortion to fulfill their preferences than women desiring a child. Over the long term, child care assistance specifically could dampen fertility (possibly via abortion) by increasing mothers' attachment to the labor force (Presser and Baldwin 1980).

Another reason for a positive relationship between welfare participation and abortion concerns the orientation of the welfare state toward indigent women's childbearing. Departments of social services have notorious histories of intrusion into the intimate lives of their clients (Bell 1965; Mink 1998; Piven and Cloward 1993), and some suggest that the concern with nonmarital childbearing in the latest round of welfare reform is resulting in a similar though subtler pattern (Hays 2003). Welfare rhetoric and welfare rules, some argue, work together to discourage and devalue motherhood among those poor, often black, women who choose to deliver and raise their children (Hays 2003; Roberts 1999; Roberts 1995; Seccombe 1999). One scholar argued in the *Journal of Black Studies*, "ensuring that poor women do not reproduce has become one of the most popular welfare reform proposals of the 1990s" (Thomas 1998, p. 420).

Participants in programs for the able-bodied poor may be especially vulnerable to cues received from welfare offices since office culture and design emphasize strict adherence to program rules. Clients quickly learn caseworkers' power over them, and that the best way to get what they need is to keep quiet and do as told (Soss 1999). On the other hand, any messages welfare recipients receive about their reproductive behavior need not be malintentioned. One

study of a welfare office found social workers bending the rules to help the women they served, including arranging for money to fund some clients' abortions (Hays 2003). To some this may be suppression of fertility, but to others, empowerment in exercising one's own choices.

A third scenario is that welfare benefits may have no effect. While economic need ranks among the most important reasons why women choose abortion, most respondents give multiple reasons for the decision (Faria, Barrett, and Goodman 1985; Torres and Forrest 1988).

Against these alternatives, the remainder of this paper tests the hypothesis that low-income women's likelihood of choosing abortion will decrease as their access to and participation in social welfare programs increases. Secondarily, it notes how any reduction in abortion associated with social welfare programs compares to that achieved by alternative policy tools: the private safety net and limitations on abortion access.

Data and Methods

Data come from the restricted version of the Fragile Families and Child Wellbeing study conducted by Princeton University's Center for Research on Child Wellbeing and the Columbia University School of Social Work's Social Indicators Survey Center. Beginning in the late 1990s, researchers interviewed a sample of 4,898 mothers upon the birth of a child (the "focal child"). Most were re-interviewed when this child was 12-18 months old and again when the child was three. Mothers were questioned extensively about their receipt of public and private assistance and about economic hardships in their lives. They were also asked whether they had been pregnant since the birth of the focal child and about the outcome of those pregnancies. I draw most of my data from the one-year follow-up study, pulling data from the first and third wave files when appropriate.

Since the restricted version of the data includes the mother's city of residence, I am able to link these data with social welfare and abortion policies in each mother's state (see appendix).

I confine my analysis to women who became pregnant between the birth of the focal child and their second interview. Following some minor coding decisions that are enumerated in the appendix, I am left with a sample of 850 women, 26 percent of whom had ended at least one pregnancy in abortion. The appendix contains demographic summary statistics.

Admittedly, these data do not represent the population of pregnant American women. Because the study's focus is on unmarried parents ("fragile families"), the sample was drawn from hospitals where large numbers of single mothers delivered, located in 20 American cities (listed in the appendix) of 200,000 or more residents (Bendheim-Thoman Center for Research on Child Wellbeing 2003; 2004). The study thus disproportionately captures unmarried women, women of color, urban women and women of low socioeconomic status. Further, since they entered the study through childbirth, all respondents had at least one child. These women may face a less dramatic life change and different opportunity costs compared those who have not experienced parenthood, and a prior birth may indicate a preference for childbearing.

Though this paper's findings generalize only to urban, relatively low-SES mothers, on a topic where data are scarce the Fragile Families sampling design actually improves suitability of these data for studying the role of social welfare programs in women's reproductive decisions. Because most people are not eligible for the welfare programs under consideration without being parents, results from a correlational study that included childless women would be biased. The sample's low socioeconomic status also improves prospects for disentangling the effect of welfare programs from the effect of a low income, since most respondents have some degree of economic need. Nearly 54 percent of women in the sample report at least one instance of severe

economic hardship (defined in the appendix) in the previous year, such as going hungry, falling short of money to pay the rent or mortgage, having electricity cut off, or forgoing needed medical treatment. While half of the sample reports an annual income of over $60,000, this figure is deceptive. Respondents were asked the total pretax income of all people living with them from all sources, not just wages. Adults per household averaged 2.2 and ranged up to 10, and this was positively correlated with income.

Women with previous births are also not as small a subset of abortion patients as some may believe. Such women made up over 60 percent of abortion patients in 2000. Women with one previous live birth terminated pregnancies at a considerably higher rate (32 abortions per 1000 women) than women with no previous live births (19 per 1000); abortion rates among women with two or more previous live births were comparable to those with none (18 abortions per 1000 women) (Jones, Darroch, and Henshaw 2002).

The dependent variable for this analysis is a dummy variable equaling 1 if the respondent reported resolving a pregnancy in abortion. An important issue involves the quality of abortion reporting, since researchers believe most survey data on this sensitive topic is beleaguered by substantial underreporting (Jagannathan 2001; Jones and Forrest 1992). Some national data suggest that reporting in the Fragile Families study may be fairly complete. In 2000, nearly a quarter of pregnancies (excluding miscarriages, thus inflating the figure) ended in abortion (Finer and Henshaw 2003); of those pregnancies that had been completed by the one-year interview, nearly half ended in abortion. These two statistics are not directly comparable, though, so a concern about underreporting cannot be entirely dismissed. Some women in the study would not have had enough time to recover their fertility and bear another child. Some characteristics of the

women oversampled—urban, unmarried, minority, and low-SES—predict higher abortion rates than the population's, while their 2.3 children predict lower rates (Finer and Henshaw 2003).

I employ three measures of respondents' access to and participation in social welfare programs.[2] The first is an index of the number of welfare programs from which a respondent had received assistance in the previous 12 months, coded to range from 0-1. I consider cash welfare, food stamps, public health insurance, child care subsidies, the Earned Income Tax Credit, the Women, Infants, and Children Nutrition Program (WIC), and public housing and rental assistance.[3] I also consider the generosity of a woman's potential safety net, measured by per capita spending on public welfare in her state. These figures are adjusted using the 2004 version of Berry, Fording, and Hanson's state cost of living index (Berry, Fording, and Hanson 2000). On a subsample of respondents who were or believed themselves to be eligible for public assistance, my third measure is an indicator of whether a woman failed to receive assistance. This group includes women who did not apply for welfare or food stamps, or whose applications were denied. It also includes respondents report they are eligible for but not currently receiving child care subsidies, and women whose cash welfare benefits have been reduced or eliminated because they did not fulfill program requirements. I hypothesize that all measures of welfare receipt and welfare generosity will be associated with a lower likelihood of abortion, and that this effect should show up most strongly when looking only at the poorest mothers.

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[2] A simple indicator of whether or not a respondent had received assistance did not vary enough to justify its use. Only 23 women had not participated in at least one of 7 programs considered.

[3] Initially I also included Supplemental Security Income and an "other assistance" category, but later dropped these because they did not scale well with the other measures.

Because conservative Republicans rhetorically place primary responsibility for the safety net with families, churches, and other private actors, and further argue that privately provided assistance is more effective than public assistance, I also include two measures of the nonpublic safety net. The first is a scale indicating the number of areas in which a respondent received help from family, friends, or other nongovernmental sources: money, child care (financial aid or relative care), and housing (lives rent-free with relatives, friends, or others). The second is another scale measuring the number of situations in which the respondents could "count on" someone to provide the following: loans of $200 or $1000, emergency child care, a place to live, or a co-signature for loans of $1000 or $5000. I expect that women with more private assistance at their disposal will also be less likely to choose abortion.

Abortion access is measured with the ratio of abortion providers to state population and with indicators of whether a state was enforcing each of three policies in 2000: a ban on the use of state Medicaid funds for abortions, a requirement for parental consent or notification prior to a minor's abortion, and a law mandating waiting periods and the provision of specific information to women seeking abortion. Because these four measures were highly correlated and theoretically related (Hansen 1980; Wetstein 1996), I formed one abortion access factor. Women should be more likely to choose abortion when residing in states where it is more accessible.

Family planning advocates argue that improved access to contraception will reduce abortion. According to this hypothesis, women living in states that have provided better access to family planning should be less likely to choose abortion, as more of the pregnancies that do occur will be intended. While the federal government sets and funds most family planning policy, some notable state-level variation exists (Schwalberg et al. 2001). I thus form a scale of four state family planning policies on which there is substantial variation, as of January 2001: a

mandate that all prescription drug plans cover contraceptives, whether states add their own funds to family planning programs, Medicaid coverage of emergency contraception, and Section 1115 waivers that expand Medicaid family planning eligibility beyond federal income guidelines.

Models also control for economic hardship,[4] age, marital status, education, race (black or nonblack), whether a respondent is employed or in school, domestic violence (abuse by the father of the focal child or current partner), and moral predisposition toward abortion. Since the survey does not include questions about abortion attitudes, I proxy this latter concept with an indicator of whether or not the respondent attends religious services at least once a week.[5] One model interacts welfare variables with race and marital status, as some previous research has revealed differences in how welfare participation and marriage status affect the reproductive behavior of black versus nonblack women (Joyce and Kaestner 1996; Moffitt 1997; Trent and Powell-Griner 1991). I also allow the effects of economic hardship and the nongovernmental safety net to vary by race. Models reported are logistic regression models.

Results

As expected, simple descriptive statistics indicate a fairly solid link between economic hardship and the likelihood of abortion. Table 1 shows the proportion of women choosing abortion, by their economic experiences over the previous 12 months. Significantly higher

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[4] Income lacks response options above the sample median. It has no predictive power even by itself, even when the relationship is not constrained to be linear.

[5] Church attendance powerfully predicted the abortion decision in a bivariate model, while an alternative measure based on respondents' agreement with traditional gender roles and the superiority of marriage to cohabitation was unrelated to the abortion decision. The survey's measure of religious affiliation is inadequate because one cannot distinguish between Christians.

percentages of women who reported at least one of 12 economic hardships terminated their pregnancies—31 percent, as opposed to 20 percent of other women. A gap of similar magnitude exists between women whose welfare benefits were cut because of program noncompliance and women who received full benefits. The proportions choosing abortion among women with unreliable child care arrangements or who quit a job or schooling due to lack of child care were 18 and 15 percentage points greater than those of other employees and students.

On the other hand, the expected negative relationship does not appear between welfare program participation and the proportion of women turning to abortion (Table 1). While four programs show no significant differences, significantly higher ($p<.05$) proportions of women among cash welfare, WIC, and child care subsidy recipients ended a pregnancy in abortion. The case of child care subsidy recipients is most striking: 46 percent of subsidy recipients ended a pregnancy in abortion, compared to 24 percent of other employees and students.

Several considerations may explain these findings. First, program participation may be picking up the effect of economic hardship rather than public assistance. A significant 38 percent of mothers who had been unable to afford at least one basic need were cash welfare clients, as opposed to 31 percent of those who did not report such severe need. Besides their low incomes, recipients of public assistance have other characteristics common among abortion patients: they are disproportionately black (Jones, Darroch, and Henshaw 2002; Schram 2003) and unmarried. Compared to all women, greater proportions of welfare recipients (Tolman and Raphael 2000) and abortion patients (Glander et al. 1998) suffer from domestic violence. Further, since state policy liberalism on one dimension highly correlates with policy liberalism on other dimensions (Erikson, Wright, and McIver 1993), states offering more generous welfare programs may also

have more liberal abortion policies. By some measures, they do (Schroedel 2000), and this may create the appearance of a positive relationship between welfare generosity and abortion.

In practice, however, controlling for these concerns does not dramatically reduce the positive relationship between welfare program participation and the abortion decision. Table 2 reports results from logistic regression models. Columns 1-4 consider all mothers for whom data are available, while columns 5 and 6 consider roughly the lowest third of the sample's income distribution, women whose total household incomes from all sources fall under $30,000. Columns 3 and 6 analyze subsamples of these two groups, women who are eligible or believe they were eligible during the previous year for welfare, food stamps, or child care assistance.

Findings from the logistic regression models continue to contradict expectations of the theory that welfare enables childbearing. In columns 1 and 2, the number of social welfare programs from which a family receives assistance actually predicts a marginally significant increase in the odds that a pregnant woman would choose abortion, nearly doubling the odds for women who take part in all seven welfare programs as opposed to none. Holding all other predictors constant at their means, an increase in program participation from one standard deviation below the mean to one standard deviation above the mean is associated with an increase of about 6 percentage points in the probability that a pregnant woman would choose abortion (from 18.7 percent to 24.5 percent, using column 1).[6] This positive relationship persists across various specifications of the model.

While increased welfare program participation is positively related to an abortion decision for women of all four combinations of race and marital status, the magnitude of the relationship is uneven (column 4). Welfare program participation and abortion are more tightly

[6] Predicted probabilities were computed with CLARIFY 2.1 (Tomz, Wittenberg, and King 2003).

linked among black married women than any other demographic group. Since the effects of a single variable become increasingly difficult to interpret as two- and three-way interactions are added to logistic regression models, a comparison of predicted probabilities sheds more light on the association between welfare participation and abortion for each group. When moving from one standard deviation below each group-specific mean for program participation, the predicted increases in the probability of abortion are 2.3, 6.6, and 2.2 percentage points for black unmarried women, white unmarried women, and white married women, respectively. For black married women, however, the increase in welfare participation is associated with a statistically significant ($p<.05$) 15.8 percentage point jump in the probability of choosing abortion, from 3.8 percent for those at one standard deviation below the mean to 19.6 percent.

The hypothesis that social welfare programs reduce the likelihood of abortion is also soundly rejected when considering the generosity of state safety nets. In all specifications for the full sample, women's probability of choosing abortion significantly increases with their state's per capita welfare spending. Using column 1, the estimated probability is 17.6 percent in states one standard deviation below the mean welfare spending ($509 per capita, similar to California's cost-of-living adjusted spending) but 26.0 percent in states one standard deviation above the mean ($815 per capita, similar to Massachusetts' adjusted spending). When allowed to vary by race and marital status (column 4), the change in predicted probabilities is significant only for unmarried white women, raising their probability of abortion by 12.4 percentage points.

When the sample is narrowed to pregnant women who are or believe themselves to be eligible for welfare, food stamps, or child care subsidies, the direction of the welfare effect also defies expectations of the capacity-building theory (column 3). The group expected to be worst off—women who have lost some or all of their cash welfare benefits for program

noncompliance, who have had their applications for assistance turned down, or who did not apply for assistance—actually appears slightly *less* likely to choose abortion than women currently receiving assistance at their full benefit levels.

It remains possible that program participation still captures poverty's effect. Repeating analysis only on respondents in the bottom third of the income distribution yields a mixed judgment. Significance levels for welfare program participation and state welfare generosity drop with the smaller sample, but the sizes of the odds ratios change little (column 5). The direction of the welfare effect, however, does conform to expectations among the lowest-income, assistance-eligible women (column 6). For them, a loss of benefits or a failure to obtain assistance is associated with an increase in abortion incidence, estimated at 5.8 percentage points.

The nongovernmental safety net has an ambiguous and, for the most part, statistically insignificant relationship with women's odds of choosing abortion. Women who know they can count on someone for help when in a bind are somewhat less likely to choose abortion (column 2), but the odds ratio on private assistance received behaves differently. An increase in the number of sources from which a family receives nongovernmental assistance is positively (though not significantly) related to the odds of choosing abortion. Substantial correlation between this measure and the scale of public assistance received (ρ=.45) suggests that public and private assistance complement, rather than substitute for, each other. No statistically significant differences emerge when the effect of the private assistance is allowed to vary by race.

The estimated effects of control variables are consistent across models and generally in the expected direction, with only a few exceptions. A woman's likelihood of choosing abortion is strongly and positively related to the accessibility of abortion services in her state. The predicted probability of choosing abortion climbs sharply, from 16.2 percent to 28 percent, when moving

from one standard deviation below the mean for abortion access to one standard deviation above the mean and setting other variables in column 1 at their means. Women currently employed or in school are considerably more likely to abort. Black women and unmarried women have significantly higher odds of ending a pregnancy in abortion, while the odds are marginally lower for churchgoing women. All else equal, the odds of abortion decrease substantially with each biological child, perhaps representing women's relative preference for motherhood, though they do increase with age. With other controls in place, educational attainment is not significantly related to the abortion decision except when considering the least educated of the lowest-income women. Women with a recent history of domestic abuse are more likely to turn to abortion.

The one relationship that differs noticeably from expectations is that between family planning access and women's abortion decisions. Women living in states whose public policy has made contraception more affordable are actually more likely to resolve a pregnancy in abortion. Part of this story may be the correlation between state family planning policy and state abortion policy (ρ=.65). Also, the measure does not reflect individual contraceptive decisions.

In an attempt to explain the unexpected positive relationship between social welfare programs and abortion, I next consider that public assistance clients may be receiving cues from caseworkers and program rules that may encourage or facilitate pregnancy termination. As previously discussed, some believe a family cap would increase abortions among welfare recipients because benefits would be spread more thinly in the family. Passage of a family cap may also signify a state welfare bureaucracy's orientation toward discouraging childbearing, one that may manifest itself in subtler ways relating to how caseworkers deal with their clients.

A second policy I consider is whether state law prohibits certain public employees from providing abortion information or referrals, since it is plausible that some caseworkers may

routinely distribute this information to their pregnant clients. This type of policy is of still more recent vintage, as most states had just begun passing these laws in the late 1990s. There is also considerable variation in the scope of public employees or grantees covered by the law, and public assistance caseworkers are never explicitly mentioned. Nevertheless, if at least some social service providers who interact with assistance recipients are forbidden from discussing abortion, the relationship between abortion and welfare program participation may diminish.

Table 3 shows results from models that incorporate these laws and interact them with a woman's welfare program participation. We see some support for the hypothesis that state welfare bureaucracies mediate the relationship between welfare and women's abortion decisions. The welfare-abortion link is magnified for women living in states with family caps and diminished in states with restrictions on public employees' abortion counseling. Again, predicted probabilities ease interpretation. The welfare participation of women living in states with family caps (from one standard deviation below to one above the mean) is associated with a 6.8 percentage point increase in the probability of choosing abortion, while this increase is about half a percentage point in states without family caps. For women living in states that do not prohibit public employees from providing abortion information or referrals, the 2-standard deviation increase in welfare program participation predicts a significant ($p<.05$) 8.8 percentage point increase in the probability of choosing abortion. While not attaining statistical significance, there is a 4.7 percentage point *decrease* in the probability of choosing abortion associated with welfare participation in states that limit public employees' discussion of abortion.

Discussion

This study indicates that abortion is a more common pregnancy resolution among women who are severely economically disadvantaged and women whose balance between work and

family has been particularly stressful. But contrary to theory that social welfare programs would build the capacity of low-income women to choose childbearing, this study found that access to and participation in social welfare programs predicted an *increase* in the probability that a pregnant woman would choose abortion, at least among low-SES, urban women with at least one child. Does this study vindicate the Republican platform of restricting welfare spending as well as abortion access? Not necessarily—such a conclusion would be premature in light of the rest of this study's results and other possible explanations of this finding.

First, welfare bureaucracies appear to condition the existence and magnitude of a relationship between program participation and abortion. As a woman's exposure to the welfare system increases, so does her potential for exposure to cues regarding her reproductive decisions. The odds of resolving a pregnancy in abortion increase considerably for program participants living in states that deny additional assistance to new children born to welfare families or whose public employees are not constrained by law from providing abortion information to clients. Meanwhile, increased program participation does not affect the probability of choosing abortion among women in states without family caps, and it may even decrease abortion usage in states where some public employees or grantees are forbidden from abortion counseling. How actively caseworkers encourage or facilitate welfare clients' abortions, and whether these activities help women achieve their true reproductive preferences or pressure them out of childbearing is a matter for future research.

Differences by race and marital status in how program participation and welfare access are linked to abortion usage also suggest that it is not necessarily public assistance itself that encourages abortion. While positive for all groups, these findings are driven by the experience of married black women and unmarried white women. This too bears further investigation, but it

may have something do with other, less measurable correlates of abortion, such as women's visions of their futures (Feldt 2002; Swope 1998). In American society, married black women and unmarried white women generally may fall somewhere between the other two groups in their prospects for future economic security. These groups of women may be on the cusp of "making it," but heavier reliance on public assistance may signify a tenuous hold on these prospects. For these women especially, an additional child may appear to make or break their economic futures.

One may argue that the present analysis has still not adequately separated welfare participation from economic hardship, especially considering the positive relationship observed between receipt of private aid and the odds of choosing abortion. On the other hand, this sample's receipt of private and public assistance are related. Public agencies have long partnered with nongovernmental organizations to deliver services to the poor (Salamon 1995), while the 1996 welfare reform and President Bush's faith-based initiative have continued to encourage this practice. We cannot know from these data how much private assistance women received in this fashion. Additionally, similarities in results when welfare generosity is measured at the state rather than the individual level weigh against the hardship explanation.

Other possible reasons for abortion's link with welfare participation and welfare generosity cannot be directly tested with these data and may be avenues for future research.

One concerns the aforementioned size of welfare benefits in the United States. Scholars have called the United States unusually stingy in its welfare spending relative to other developed countries (Skocpol 1995). In this sample, welfare checks averaged $324 a month. This relatively small amount of assistance is probably not enough to truly help a poor woman afford another child (Edin and Lein 1997). It may be enough, however, to help her afford the abortion she may not otherwise have been able to pay for, especially in states where Medicaid does not fund the

procedure. This situation is perhaps the most plausible explanation for the link between state welfare generosity and abortion usage. Since interstate variation in welfare benefits is relatively small and exhibits spatial patterns (Schram, Nitz, and Krueger 1998; Volden 2002), one must likely look outside U.S. borders to find a welfare state whose benefits are effectively "capacity-building."

The time frame of this study may also influence the direction of the findings. The Fragile Families study was fielded entirely during the post-welfare reform era. Welfare recipients were subject not only to provisions like the family cap, but to more rigorous work requirements, to limits on their lifetime years of welfare receipt, and a dizzying array of rules related to "personal responsibility" whose violation could result in a loss of benefits. At the time of these interviews (1999-2002), the two-to-five year clocks set by states for lifetime benefit receipt were beginning to expire. In theory, welfare recipients faced greater uncertainty about their future since they were no longer legally entitled to public assistance, and this prospect may have led many to exercise more caution in their childbearing. While a study has yet to establish a causal or even correlational role for welfare policy, poor women made up a noticeably larger share of abortion patients in 2000 than they had in 1994, before welfare reform (Finer et al. 2005; Jones, Darroch, and Henshaw 2002).

Factors influencing selection into welfare programs may also moderate participation's link with abortion. In order to establish and maintain their eligibility for assistance, program participants must be aware of the assistance available, know program rules, and stay on top off volumes of paperwork (Hays 2003). Women who display this level of information savvy are likely also more capable of acquiring information about how to obtain a desired abortion. If

welfare recipients share common social networks, they may also be able to share this latter information with each other.

Finally, though this research finds no statistically significant evidence that welfare programs build the capacity of urban, low-SES mothers to choose childbearing, this may not necessarily be the case among other women, especially those with no prior children. The women in this sample know firsthand the challenges of childrearing, as well as the rewards. The marginal increases in public assistance—if any—may make less of a difference to the budgets of families already in the system than they would for women whose entrance into motherhood qualifies them for a large range of assistance programs. This may especially be the case for women's whose employment prospects are especially bleak.

Additional limitations of this research design also caution against the conclusion that welfare programs *encourage* abortion. This analysis is correlational, not causal. We know only that respondents reported a particular pregnancy outcome within the previous 12-18 months and particular experience with the social welfare system or with hardship in the previous 12 months. We do not know that these events were related or even the order in which they occurred over that time period. Respondents may not have applied for child care subsidies or for food stamps until after terminating a pregnancy. Nevertheless, this is a drawback shared by many studies using survey research, and these data appear to be the best available for studying this question.

Finally, the theory itself could be wrong. Women's pregnancy decisions may be still less sensitive to costs than believed. Welfare benefits may be capacity-building in other aspects of an individual's life, but not in decision-making that is so deeply personal (though highly politicized) as the decision between abortion and childbirth.

In this study, the authority tool—abortion regulations and provider supply—appeared considerably more effective at reducing abortions than the capacity-building tool, social welfare programs. Of course, this study has not tested whether women in states with more restrictive abortion policy are forgoing abortions they would have otherwise preferred. It could be that more restrictive abortion policy simply indicates lower tolerance of abortion among political elites and the mass public (Gerber 1996; Wetstein 1996), but my focus on enforcement rather than passage of a law should mitigate this concern. Low-income mothers living in states with more restrictive abortion policy climates are less likely to choose abortion. Regardless of the mechanism by which these laws work—by actually preventing women from obtaining abortions, as their opponents contest, or by changing women's minds, as proponents argue—state abortion policy appears highly relevant to women's decisions. But we cannot entirely dismiss cultural explanations. The unexpected positive coefficient on family planning access, for example, may be joining abortion policy in tapping into the liberality of a population's sexual attitudes. Some economic models have connected these attitudes as well as the prevalence of abortion and contraceptive use to increased sexual activity and thus increased opportunities for unintended pregnancy (Akerlof, Yellen, and Katz 1996).

Clearly state policy appears related to individual behavior, even in behavior as personal as childbearing and abortion. This is the case regardless of policy tool, capacity-building or authority, though the hypothesis that welfare participation and generosity should reduce abortion was not supported for this sample. Our ability to reach a more general verdict on the politically attractive argument that welfare is "pro-life" may ultimately require comparative data that do not yet exist, or much greater expansion and variation in the American states' welfare efforts.

Appendix

Cities included in the Fragile Families Study:

Austin, TX	Detroit, MI	New York, NY	Pittsburgh, PA
Baltimore, MD	Indianapolis, IN	Nashville, TN	Richmond, VA
Boston, MA	Jacksonville, FL	Norfolk, VA	San Antonio, TX
Chicago, IL	Milwaukee, WI	Oakland, CA	San Jose, CA
Corpus Christi, TX	Newark, NJ	Philadelphia, PA	Toledo, OH

Key Variable Definitions and Coding:

Pregnancy Outcome: Abortion=1; baby, miscarriage or stillbirth and no additional abortion= 0. Women experiencing miscarriage or stillbirth receive this code because they resemble the birth group more so than the abortion group on many key variables, and coefficient size changes little when they are removed from the sample. Over 40 percent of respondents were pregnant the time of the interview, so I assigned pregnancy outcomes using the study's third wave. If R reported a miscarriage or abortion in addition to a birth at the third wave interview, I assigned pregnancy outcome based on the third-wave ages of children and time between interviews. I coded 31 women who did not participate in the third wave with no abortion because only one of the other women's third wave responses indicated she had later terminated that pregnancy. I excluded 27 women who had reported being pregnant at the one-year interview but at the 3-year interview reported no birth, abortion, or miscarriage.

Economic need/economic hardship: Coded 1 if R reported at least one of the following because there wasn't enough money: received free food or meals; went hungry; child(ren) went hungry; did not pay full amount of rent/mortgage; evicted from home; did not pay full amount of utility bill; gas or electric turned off; telephone disconnected; borrowed money to help pay bills; moved in with others; spent at least one night in a shelter, abandoned building, car, etc.; anyone in household did not make a needed doctor or hospital visit.

Number of welfare programs: See text. Scale ranges 0-1, mean .421, standard deviation .267.

State welfare generosity: Per capita state spending on "public welfare" in 2000, from *Statistical Abstract of the United States*. COLA-adjusted mean=662.40, standard deviation=152.68.

Private assistance received: See text. Scales ranges 0-1, mean .404, standard deviation .318.

Expected support: See text. Scales ranges 0-1, mean .628, standard deviation .302.

Abortion access: Ranges –1.03-1.42, mean 0, standard deviation 1. Provider numbers are published in Finer and Henshaw (2003) and divided by Census 2000 state population (in 100,000s). Abortion policy data come mainly from NARAL Pro-Choice America (2005; 2001). To resolve ambiguities regarding enforcement status or exceptions to the laws, National Right to Life Committee fact sheets, online news coverage, and the laws themselves were consulted.

Family planning access: See text. Scale ranges 0-1, mean 0.43, standard deviation of .282. Data on laws regarding insurance coverage for contraceptives come from NARAL Pro-Choice America (2005; 2001). Remaining family planning policy data come from a Health Systems Research survey of state officials for the Kaiser Family Foundation (Schwalberg et al. 2001).

Sample summary statistics:

	Mean	Standard Dev.	Observations
Age	24.7	5.4	846
Number of biological children	2.3	1.4	850
Married	0.253	0.434	850
Black	0.559	0.497	841
Less than high school diploma	0.381	0.486	848
Some college	0.265	0.442	848
College graduate	0.064	0.244	848
Weekly church attendee	0.261	0.440	849
Employed or in school	0.580	0.494	849
Economic hardship in last year	0.536	0.499	850
Cash welfare in last year	0.348	0.477	850
Food stamps in last year	0.475	0.500	848
Child care subsidy (current recipient)	0.097	0.296	849
WIC in last year	0.785	0.411	848
Housing assistance (current recipient)	0.250	0.433	839
Medicaid/public health ins. (current recipient)	0.258	0.438	423
Earned Income Tax Credit (applied)	0.331	0.471	782
Chose abortion	0.258	0.438	850

Table 1. Proportion of women choosing abortion, by economic experience

Economic issue	Proportion Choosing Abortion
Inability to afford at least one basic need#	30.9**
Welfare benefits cut for noncompliance with requirements	41.9*
Welfare benefits cut or assistance application denied	29.3
Quit job or school because of lack of child care	45.0**
Child care fell through multiple times in previous month	47.4**
No emergency child care	27.0
No health insurance	23.0
Welfare recipient	30.1**
Food stamps recipient	26.1
WIC recipient	27.8**
Medicaid recipient	26.6
Housing assistance recipient	29.1
Applied for Earned Income Tax Credit	30.9*
Child care subsidy recipient	46.0**
Possibly eligible but no benefits	29.3
Overall Sample	25.8

#See "economic hardship" in appendix for definition. **Significantly different at .05 from appropriate comparison group (i.e., other employed women, other welfare recipients) *p<.10

Table 2. Social Welfare and Other Factors in Women's Abortion Decisions

	(1)	(2)	(3)	(4)	(5)	(6)
Number welfare programs	1.921*	1.873*		2.242	1.788	
State welfare generosity	1.002***	1.002***		1.002**	1.002*	
Benefits cut/not received			0.922			1.376
Private assistance		1.135		1.247	1.354	
Expected support		0.880		0.662	0.966	
Economic hardship	1.581**	1.537**	1.641**	1.587	1.240	0.914
Abortion access	1.428***	1.429***	1.407**	1.395***	1.063	1.008
Family planning access	1.537	1.539	1.773	1.605	9.143***	10.717***
Employed or in school	1.871***	1.874***	1.782**	1.846***	2.476***	1.910*
Less than HS diploma	0.851	0.850	0.795	0.828	0.536*	.613
Some college	0.789	0.797	0.779	0.777	0.827	1.242
College graduate	0.810	0.810	0.445	0.787	--	--
Married	0.327***	0.329***	.026***	0.843	0.426	0.297*
Black	1.680***	1.671***	1.785**	3.496	1.680	1.602
Number of children	0.709***	0.708***	0.718***	0.698***	0.606***	0.626***
Age	1.041*	1.041*	1.047*	1.046**	1.078**	1.083*
Religious	0.694*	0.695*	1.008	0.711	0.729	0.807
Domestic abuse	1.818**	1.803**	1.403	1.851**	1.113	0.960
Number welfare programs*black				0.569		
State welfare generosity*black				0.999		
Number welfare programs*married				0.899		
State welfare generosity*married				0.999		
Number welfare programs*black*married				41.705*		
State welfare generosity*black*married				1.001		
Private assistance*black				0.834		
Expected support*black				1.756		
Economic hardship*black				0.981		
Black*married				0.091		
N	832	832	557	832	273	216

Figures are odds ratios from logistic regression. *p<.10, **p<.05., ***p<.01, two-tailed tests

Table 3. Welfare Bureaucracies and the Abortion-Social Welfare Link

	(1)	(2)
Number of welfare programs	1.435	2.532**
Family cap	0.491*	
Family cap*programs	1.510	
Counseling ban		1.755
Counseling ban*programs		0.196*
State welfare generosity	1.001	1.001**
Abortion access	1.499***	1.390***
Family planning access	1.983	1.561
Economic hardship	1.575**	1.624***
Employed or in school	1.913***	1.823***
Less than HS diploma	0.852	0.875
Some college	0.788	0.808
College graduate	0.821	0.855
Married	0.311***	0.329***
Black	1.773***	1.724***
Number of children	0.714**	0.709***
Age	1.038*	1.040*
Religious	0.705	0.705
Domestic abuse	1.837**	1.854**
N	834	834

Figures are odds ratios from logistic regression. *p<.10, **p<.05., ***p<.01, two-tailed tests

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