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

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These are uncertain times for the American social safety net. The 1980s and 1990s saw an intensification of the debate over government's role in social provision, culminating in a welfare reform bill that ended Aid to Families with Dependent Children 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, threats to the solvency of Social Security and Medicare have left lawmakers pondering substantial downsizing or privatization of these popular programs (Hacker 2002; Hacker 2004; Weir 1998). Mounting budget deficits (Hacker and Pierson 2005), polarized parties that play to the middle class (Weir 1998), and a mood among elites and the mass public that is unsupportive of spending more government money on "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.

American welfare programs owe their precarious status in part to elite arguments about the negative behavioral effects of some economic assistance programs. Popular arguments for limiting the scope of the welfare state emphasize how welfare recipients' disadvantages result largely from their own poor values and choices, which in turn interact with the incentive effects of welfare policy on behavior. Thus the very presence and generosity of the safety net fueled the growth of public problems such as ghetto poverty, unemployment, and the growing prevalence of families headed by a single mother, and a host of social ills associated with these phenomena (Katz 1989; Mead 1992; Murray 1984). Not surprisingly, a majority of the public came to believe that "welfare" was an ineffective program that did more harm than good (Weaver,

Shapiro, and Jacobs 1995). One particular behavior that welfare benefits allegedly encouraged—nonmarital childbearing—became so central to the debate over the safety net that its reduction was incorporated in three of the four official purposes of the 1996 reform legislation, the Personal Responsibility and Work Opportunity Reconciliation Act.

One specific proposal to change the payoffs to childbearing faced by unmarried welfare mothers initiated a fascinating, politically cross-cutting debate over an alternative behavioral consequence of welfare benefits. A national "family cap"—policy that would end the practice of increasing a family's welfare grant when a new child was born—had been strongly supported by conservatives as a means to discouraging out-of-wedlock childbearing and welfare dependency. Arguments from the National Right to Life Committee and the Catholic Church that the denial of assistance could increase abortions split the moral conservative coalition and played a key role in the proposal's defeat (the matter was left to the states (Joffe 1998).[1] This small victory for the welfare state coupled with the high salience and importance of the abortion issue to many Americans' political behavior (Abramowitz 1995; Jelen and Wilcox 2003) raises the possibility that the discovery and communication of a relationship between welfare policy and abortion could affect the political future of the safety net.

This debate elucidated tension in a Republican platform that is both fiscally and morally conservative. By seeking to limit public assistance for mothers and children, some feminists charged, conservative, pro-life Republicans show that their concern for protecting children stops at birth (Mirkin and Okun 1994; Pollitt 1999; Schroedel 2000). Other commentators have suggested that abortions should decrease under fiscally liberal administrations and increase under

[1] Some pro-choice groups opposed the measure as well, arguing that such punishment for childbearing infringed on poor women's reproductive rights (Joffe 1998). Recently scholars at the Alan Guttmacher Institute, a pro-choice research organization, have speculated that cuts in public assistance may be driving a recent increase in abortion rates among poor women (Finer et al 2005).

fiscally conservative administrations. Their rationale is that the expansive social and economic policies promoted by fiscally liberal administrations would better protect families from economic hardship and would defray women's material and opportunity costs of childbearing (Dionne 2005; Mathewes-Green 1995; Mirkin and Okun 1994; Roche 2004; Stassen 2004; Tribe 1990).

This paper puts the latter argument to an empirical test. Does more generous social welfare policy reduce the incidence of abortion? While research in fields like population studies, psychology, and health has shown that economic hardship is a major reason behind many women's abortion decisions (Faria, Barrett, and Goodman 1985; 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 science, despite political scientists' calls for further study of how abortion rates are affected by public policy (Goggin 1993b). While the focus of this paper is the empirical study of whether particular policy tools (social welfare programs) have any impact on a particularly politicized behavior whose incidence political elites of all stripes claim to want to reduce (Clinton 2005; Feminists For Life of America 2001), 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. Further, it would be a positive contribution to the literature and rhetoric on the behavioral effects of welfare policy, one that has largely emphasized "negative" effects such as long-term welfare dependence, disincentives to work and marriage (Mead 1992; Murray 1984), alleged encouragement of nonmarital childbearing (Moffitt 1997), and the migration of welfare recipients to states with the highest benefits (Bailey 2005; Peterson and Rom 1989). It would also call into question the coherence of the Republican position on social welfare, given its official stance on abortion.

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."

Some scholars have argued that the growth in the number and diversity of policy tools with which government attempts to affect citizen behavior has been one of the most important developments of the American political system in the latter twentieth century (Dahl and Lindblom 1953; Salamon 1981; Schneider and Ingram 1990). Believing that some types of policies are more effective than others at producing compliance among their target populations but that existing theory had been inadequate for supporting this analysis, scholars have attempted to classify policy instruments along a variety of dimensions that may affect citizen compliance with government's goals. In what two political scientists (Schneider and Ingram 1990) have called an important foundational piece for policy research, Salamon (1981) proposes that the analysis of policy tools have two questions at its core. 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.

While I conclude with some discussion of this second question, the focus of this paper 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 that tend to be 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 viewed as a capacity-building policy tool in the context of the study of abortion usage?

One of the earliest articulations of welfare programs as capacity-building tools for would-be mothers was Alva Myrdal's promotion of the Swedish welfare state reforms (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. One group the reforms had in mind was what Myrdal believed to be a large number of women who were having abortions because of their economic desperation.

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).

Closer to home in American politics and policy, scholars modeling abortion demand typically draw from economic theories of fertility and imply a capacity-building role for economic assistance (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). They predict that abortion will be most demanded by those women who would incur the most cost in bearing a child, where cost is understood to encompass direct monetary cost as well as psychic cost and foregone opportunities. Thus demand for abortion should be highest among poor women, young women, and highly educated professional women. Utilization of the procedure should be negatively related to the price of an abortion, positively related to the price of childbearing, and sensitive to variation in public policy that affects the relative costs of these outcomes.

Though it is debatable how strongly individuals weigh costs when making childbearing decisions, assistance with resources like cash, food, housing, health care, and child care surely defray some expenses associated with childbearing. These tools also reduce the opportunity costs associated with parenting by better enabling mothers to stay in the labor force or in school after bearing a child. Viewed another way, welfare benefits 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). Using similar lines of argument, many scholars and political commentators seeking common ground on abortion often suggest that social welfare is a promising route (Dionne 2005; Mathewes-Green 1995; Mirkin and Okun 1994; Stassen 2004; Tribe 1990). Before the Republican Revolution of 1994 strengthened social conservatives' hand, political scientist Malcolm Goggin predicted that making concessions

toward more expansive welfare policy was the Right's best hope for getting any limitations on abortion rights through Congress (Goggin 1993a).

Finally, a case for social welfare programs as capacity-building tools in a reproductive rights context perhaps comes from potential target populations. Grassroots activists among low-income women and women of color, particularly during the 1960s and 1970s, argued that their right to bear children was violated by governments that failed to provide them with health care and other economic resources necessary to properly raise their children (Dugger 1998; Nelson 2003; Solinger 2001). Historians argue 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, by denying them the economic resources to do so (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,[2] 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

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[2] This research does not concern itself with abortion. Its theory usually posits the alleged welfare-nonmarital childbearing connection as a matter of welfare giving women license to be sexually promiscuous and refuse marriage.

associated with substantial decreases in the probability that a unmarried woman with no high school diploma would obtain an abortion, though this was observed only for nonblack women (Joyce and Kaestner 1996).

No studies appear to have examined the relationship between child care policy and abortion, though several studies have indicated that expected or actual fertility decreases when child care is costlier or more scarce (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). Those that took child care subsidies or tax credits into consideration found that they helped mitigate this effect. Researchers disagree about the magnitude of child care's fertility effects, but there is greater consensus around the conclusion that child care availability and affordability are significantly associated with mothers' labor force status, and that public subsidization of child care promotes women's employment (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).

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 Fragile Families and Child Wellbeing study conducted by Princeton University's Bendheim-Thoman 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 focal child was 12-18 months old. 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 baseline file when appropriate. Since the restricted version of the data includes the mother's city of residence, I am able to link these data with information on the social welfare and abortion policy climates in each mother's state of residence. Policy data sources are listed in the appendix.

I confine my analysis to women who became pregnant between the birth of the focal child and their second-wave interview. I exclude a small number of women who do not live with the focal child or who did not specify their pregnancy status. Using data from the study's third wave, I assigned a pregnancy outcome to women who were pregnant at the time of the one-year interview. I left in the sample 31 women who did not participate in the third wave, and coded them as not having chosen abortion because only one of the 270 women for whom results were confirmed appeared to have later terminated that pregnancy. Meanwhile, I excluded 27 women who had reported being pregnant at the one-year interview but who denied having had a birth, abortion, or miscarriage between the 1-year and 3-year interviews. This results in a sample of 850 women, 26 percent of whom had ended at least one pregnancy in abortion.

These data are admittedly unrepresentative. 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; Bendheim-Thoman

Center for Research on Child Wellbeing 2004). The study thus captures an oversample of unmarried women, women of color, and women of low socioeconomic status. This sample is also not representative of American women of reproductive age in that all women surveyed had at least one child. The appendix contains summary statistics on the sample's demographics.

This failure of representativeness, however, improves the 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 about half of the sample reports having an annual income of over $60,000, this figure is somewhat deceiving because respondents were asked about the total pretax income of all people living with them from all sources, not just wages. The number of adults in these respondents' households ranged from one to ten, averaging 2.2, and this was positively correlated with income as expected.

The dependent variable for this analysis is a dummy variable equaling 1 if the respondent terminated a pregnancy between the birth of the focal child and the 12-18 month follow-up interview (question wording is contained in the Appendix). An important question for the credibility of the present study 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). While we cannot know the true number of abortions undergone by respondents, national data on the prevalence of abortion indicate that reporting in the Fragile Families study may be fairly complete. In 2000, nearly a quarter of pregnancies ending in abortion or live birth 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. Given that respondents had given birth 12-18 months before the follow-up interview, many women in the Fragile Families study simply would not have had enough time to recover their fertility and bear another child. Further, the Fragile Families study drew its sample from urban areas, where abortion rates are believed to be higher, and oversampled women who are more likely to choose abortion (e.g., unmarried, black, low-income women) (Finer and Henshaw 2003).

Another concern about this dataset is that because all women in the sample have born at least one child, their experience will be less relevant to the population of American women of reproductive age. Certainly these women face a different set of opportunity costs than women who have not had a previous birth, and they have already demonstrated their willingness to rear children. On the other hand, women with at least one previous live birth made up over 60 percent of abortion patients in 2000. These women terminated pregnancies at a considerably higher abortion rate (32 abortions per 1000 women) than women with no previous live births (19 abortions per 1000 women); women with two or more previous live births had a comparable abortion rate (18 abortions per 1000 women) (Jones, Darroch, and Henshaw 2002).

The Fragile Families data have another potentially serious limitation that should be acknowledged.[3] 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. It is certainly possible, for example, that 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 getting a handle on this research question.

I employ several measures of respondents' access to and participation in social welfare programs.[4] First, I formed a scale of the number of welfare program from which a respondent had received assistance in the previous 12 months. The programs I considered were cash welfare, food stamps, public health insurance, child care subsidies, the Earned Income Tax Credit, the Women, Infants, and Children Nutrition Program (WIC), public housing, and rental assistance.[5] An alternative measure represents the monthly amount of assistance a family received from the three programs for which this question was asked: cash welfare, food stamps, and child care subsidies. On a subsample of respondents who were eligible for public assistance or who knew or believed they were eligible for assistance within the preceding year, my third measure of welfare participation is an indicator of whether a woman did not receive the help for which she

[3] The surest way of approaching my research question would involve an experimental design, and the next-best alternative might be a survey in which respondents indicate whether and to what extent economic hardship and social welfare programs affected (or would have affected) their reproductive decisions, the present study involves neither.

[4] A simple indicator of whether or not a respondent had received assistance from a social welfare program did not have adequate variation to justify its use. Of the 806 women who answered all welfare questions, only 23 had not participated in at least one of 8 welfare programs considered.

[5] Initially I also included Supplemental Security Income (SSI) and an "other assistance" category in my measurements of program participation, but later dropped these because they did not scale well with the other measures.

was or believed she was eligible. This group includes women whose applications for welfare or food stamps have been turned down, women who did not apply for these programs in spite of their belief in their eligibility, women who report they are eligible for child care subsidies but are not currently receiving them, and women whose welfare benefits have been reduced or eliminated because they did not fulfill program requirements. Finally, I consider state welfare generosity, assistance potentially available to the woman in her state of residence. I use per capita spending on public welfare as my measure of state welfare generosity. 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.

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 private assistance received. The first is a scale indicating the number of areas in which a respondent received assistance from family, friends, or other nongovernmental sources: money, child care (in the form of financial assistance 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 a ratio of abortion providers to state population and with indicators of whether or not a state was enforcing each of three abortion 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 information on such topics as fetal development, abortion risks, and abortion alternatives to women seeking abortion. Because these four measures were highly correlated and theoretically related (Hansen 1980; Wetstein 1996), I formed one abortion access factor from them. I expect that women are more likely to choose abortion when residing in states were the procedure is more easily accessible.

Models also control for age, marital status, education, income, race (black or nonblack), whether or not a respondent is employed or in school, 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.[6] 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 the proportion of women ending their pregnancy in abortion, by whether they experienced a particular economic event in the previous 12 months. Significantly higher percentages of pregnant women who reported at least one of 12 economic hardships (such as hunger, homelessness, utility shut-offs, or forgoing medical treatment) 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 noncompliance with program requirements and women who received full benefits. The proportions choosing abortion among women who experienced significant disruptions in their

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[6] Church attendance was a powerful predictor of 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 denomination is not particularly useful for this purpose because one cannot separate Evangelical Protestants (more of whom are pro-life) from Mainline Protestants (more of whom are pro-choice).

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 employed women or 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 there are no significant differences in the probability of choosing abortion among recipients of Medicaid, food stamps, public housing or rental assistance, or those who applied for the Earned Income Credit on their tax return, significantly higher ($p<.05$) proportions of women among recipients of cash welfare, WIC, and child care subsidies ended a pregnancy in abortion. The case of child care subsidy recipients versus other employed mothers is most striking: 46 percent of subsidy recipients ended a pregnancy in abortion, compared to 24 percent of women who did not receive this aid.

Several considerations may explain these simple differences. First, program participation may be picking up the effect of economic hardship rather than public assistance. A significant 38 percent of mothers who had experienced such hardships as hunger, homelessness, or inability to afford other basic needs 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 that are common among abortion patients: welfare recipients are disproportionately black (Jones, Darroch, and Henshaw 2002; Schram 2003) and because of program rules that make it difficult for able-bodied men to qualify for public assistance, disproportionately unmarried. Further, since state policy liberalism on one dimension (such as social welfare) is highly correlated with policy liberalism on other dimensions (such as cultural issues) (Erikson, Wright, and McIver 1993), states that offer 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 social welfare generosity and abortion decisions.

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 1-3 are differentiated by their measurements of welfare participation and generosity. Column 4 also accounts for privately provided assistance and expected support. Column 5 looks at a fourth measure of welfare participation among a subsample of 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 run contrary to expectations on the role of social welfare in pregnant women's decisions between abortion and childbirth. The number of social welfare programs from which a family receives assistance actually predicts a significant increase in the odds that a pregnant woman would choose abortion, more than doubling the odds for women who take part in all 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 7.5 percent points in the probability that a pregnant woman would choose abortion (from 18.7 percent to 26.1 percent).[7] The monthly amount of assistance from welfare, food stamps, and child care subsidies, meanwhile, appears statistically irrelevant to women's abortion decisions.

In column 3, state welfare generosity is related to women's abortion decisions, but not in the expected direction. The small increase in the odds of choosing abortion associated with each additional dollar of per capita welfare spending translates into a jump of more than 7 percentage

[7] All predicted probabilities were computed using CLARIFY 2.1 (Tomz, Wittenberg, and King 2003).

points in the predicted probability of abortion. This estimated probability is 18.3 percent in states one standard deviation below the mean welfare spending (similar to Virginia's spending level) but 26.1 percent in states one standard deviation above the mean (between Tennessee and Pennsylvania).

When the sample is narrowed to pregnant women who are eligible or who believe they have been eligible for welfare, food stamps, or child care subsidies, the size of the odds ratio, though insignficant, also defies expectations (column 5). The group expected to be worse off economically—pregnant women who have lost their welfare benefits, had their applications for assistance turned down, or did not apply for assistance—actually appears slightly *less* likely to choose abortion.

While it remains possible that the welfare measures continue to capture the effect of poverty, repeating these models only on respondents in the bottom third of the income distribution (not shown) changes the size of the odds ratios very little. Some of the welfare variables lose their statistical significance, but this appears to result more from the small number of observations than from a change in what the welfare variables are representing.

The nongovernmental safety net has an ambiguous and 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, but the odds ratio on private assistance actually 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. Yet the odds ratios for private assistance

change very little (not shown) when public assistance receipt is not controlled. The estimated effect of public program participation diminishes somewhat after accounting for the private safety net, but remains marginally significant.

The estimated effects of control variables are consistent and generally in the expected direction. 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 nearly doubles, from 15.8 percent to 29.8 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 4 at their means. Women currently employed or in school are considerably more likely to choose abortion. Black women and unmarried women have significantly higher odds of ending a pregnancy in abortion, while the odds are marginally lower for more religious, and presumably more morally conservative, women. All else equal, the odds of abortion decrease for women with more children, though these odds do increase with age.

In an attempt to explain the unexpected positive relationship between social welfare programs and abortion, I next considered the scenario that public assistance clients may be receiving cues from caseworkers and from 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 among public assistance recipients, one that may manifest itself in subtler ways relating to how caseworkers deal with their clients.

A second state 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 an interaction of the laws with a woman's welfare program participation. We see some support for the hypothesis that state welfare bureaucracy rules mediate the relationship between welfare and women's abortion decisions. After accounting for whether a state enforces a family cap, welfare program participation is no longer significantly related to the odds of choosing abortion. Though also insignificant, the estimated effect of welfare programs on abortion is inflated in states that have family caps. Welfare program participation remains positively and significantly related to the odds of choosing abortion when considering state law on abortion referrals, but there is a marginally significant decrease in this relationship in states that prohibit employees or grantees from discussing 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 low-income pregnant woman would choose abortion. 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 possible explanations for this puzzling and unexpected finding.

One possibility has to do with the 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, the average welfare check was $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. In hindsight, 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."

A second possibility, one for which I find some preliminary support, is that increasing receipt of public assistance may result in increasing exposure to cues regarding one's reproductive behavior. 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, and 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). If welfare recipients are receiving messages about their

reproductive behavior, they need not be malintentioned, however. One case study of a welfare office found social workers bending the rules to help the women they served, including arranging for money from a work-related expense fund to pay for some clients' abortions (Hays 2003). To some this may sound like a suppression of poor women's fertility, but to others a way of empowering their clients to carry out their own reproductive choices.

While hardly sufficient for establishing that welfare bureaucracies discourage childbearing or that some serve as networks for helping women access abortion services, this analysis shows that these kinds of messages may explain a small part of the positive relationship between welfare receipt and abortion. Increasing welfare participation is more sharply related to increasing odds of abortion in states that enforce a family cap. Meanwhile, this link weakens in states where it is illegal for some public employees to provide abortion-related information.

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 (between 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).

One should be cautious about generalizing these findings. All respondents already had at least one child and some undoubtedly had received public assistance in the past. It is entirely possible that welfare programs are more "capacity-building" for low-income women with no children who are getting help for the first time. The marginal increases in public assistance—if any—that accompany subsequent births to families already in system may be less relevant to women's pregnancy decisions.

These findings may also mislead us if the present analysis has still not adequately separated welfare participation from economic hardship. This possibility is particularly clear when considering the positive relationship observed between receipt of private economic assistance and the odds of choosing abortion. This finding also suggests that explanations rooted entirely in the welfare bureaucracy may not take us very far in solving the puzzle. On the other hand, similarities in results when welfare generosity is measured at the state rather than the individual level weigh against the hardship explanation.

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 and supply of services 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.

The present study also suggests that state welfare policy is related to women's abortion decisions, though not in the expected direction. Whether because of faulty theory, an artifact of the research design, anemic welfare provision, and/or the messages delivered to welfare clients, it may ultimately require much greater (though unlikely) expansion and variation in states' welfare effort to sort out the effectiveness of capacity-building tools.

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

Pregnancy Outcome Question Wording: "Since (CHILD) was born, have you had any pregnancies that ended in either miscarriage, stillbirth, or abortion?" If yes, "Did you have a miscarriage (or stillbirth), an abortion, or both a miscarriage and abortion?" Also, "Since (CHILD) was born, have you had another baby or are you pregnant now?" Women who reported an abortion are coded "1"; women who reported a baby or miscarriage or stillbirth and did not report an abortion are coded "0". Pregnancy outcomes for those who were pregnant at time of interview were assigned using data from subsequent wave of study.

Income: Recorded as income from all sources, such as jobs, public assistance, rent, interest, and dividends, of everyone living in R's household. Since most respondents did not give an actual amount, a follow-up question offered nine ranges of income, with the top range being over $60,000. To mitigate the severely skewed distribution of income and improve model fit, for logistic regressions income was reduced to three categories: 1=less than $30,000; 2=$30,001-$60,000; 3=greater than $60,000.

Inability to afford basic needs/economic hardship: "We are also interesting in some of the problems that families face making ends meet. In the past 12 months, did you do any of the following because there wasn't enough money?" Coded as "1" if R answered yes to at least one of the following: receive free food or meals; child/children went hungry; R went hungry; did not pay full amount of rent or mortgage; evicted from home or apartment for not paying rent or mortgage; did not pay full amount of gas, oil, or electricity bill; service turned off by gas or electric company or oil company did not deliver oil; service disconnected by telephone company because payments were not made; borrowed money from family or friends to help pay bills; move in with other people even for a little while because of financial problems; stay in a shelter, an abandoned building, an automobile or any other place not meant for regular housing even for one night; anyone in household who needed to see a doctor or go to the hospital but couldn't go because of the cost.

Number of welfare programs scale: See text. Ranges 0-1 with mean of .421 and standard deviation of .267.

Monthly amount of government assistance: See text. Ranges from 0-3600 with mean of 397.70 and standard deviation of 532.25.

State welfare generosity: Per capita state spending on "public welfare" in 2000, from *Statistical Abstract of the United States*. Mean=685.96, standard deviation=180.34.

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

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

Abortion access: See text. Ranges from –1.03 to 1.42 with mean of 0 and standard deviation of 1. Abortion provider numbers by state are published in Finer and Henshaw (2003) and divided by state population (in 100,000s) from Census 2000's American Fact Finder. Abortion policy data come mainly from NARAL Pro-Choice America's (2005; 2001) *Who Decides?* report. When needed to resolve ambiguities regarding enforcement status or exceptions to the laws, additional information was sought from National Right to Life Committee fact sheets, from internet news coverage, and the laws themselves.

Sample summary statistics:	Mean	Standard Deviation	Observations
Age	24.7	5.4	846
Number biological children	2.3	1.4	850
Married	.253	.434	850
Black	.559	.497	841
Less than HS diploma	.381	.486	848
Some college	.265	.442	848
College grad	.064	.244	848
Total household income, all sources#	$25,000-$40,000	--	835
Weekly church attendees	.261	.440	849
Employed or in school	.580	.494	849
Economic hardship in last year	.536	.499	850
Cash welfare in last year	.348	.477	850
Food stamps in last year	.475	.500	848
Child care subsidy (current recipient)	.097	.296	849
WIC in last year	.785	.411	848
Housing assistance (current recipient)	.250	.433	839
Medicaid/public health ins. (current)	.258	.438	423
Earned Income Credit (applied)	.331	.471	782
Chose abortion	.258	.438	850

See appendix

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

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 EITC	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)
Number of Welfare Programs	2.243**			2.072*	
Monthly Public Assistance ($)		1.000			
State Welfare Generosity			1.001***		
Benefits Cut/Not Received					0.928
Private Assistance				1.188	
Expected Support				0.696	
Abortion Access	1.509***	1.465***	1.468***	1.510***	1.568***
Income	0.920	0.884	0.883	0.909	.961
Employed or In School	1.904***	1.920***	1.834***	1.915***	1.789***
Less than HS Diploma	0.883	0.854	0.888	0.877	0.794
Some College	0.814	0.739	0.774	0.826	0.799
College Graduate	0.785	0.709	0.715	0.810	0.445
Married	0.316***	0.257***	0.272***	0.320***	0.250***
Black	1.748***	1.787***	1.805***	1.731***	1.755**
Number of Children	0.703***	0.733***	0.736***	0.699***	0.712***
Age	1.048**	1.043**	1.042**	1.048**	1.053**
Religious	0.662*	0.725	0.669*	0.667*	0.954
N	819	798	819	819	544

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	1.641	2.843**
Family Cap	0.499*	
Family Cap*Programs	1.580	
Counseling Ban		1.426
Counseling Ban*Programs		0.251*
Abortion Access	1.677***	1.452***
Income	0.912	0.914
Employed or In School	1.981	1.867***
Less than HS Diploma	0.872	0.904
Some College	0.790	0.831
College Graduate	0.778	0.820
Married	0.303***	0.313***
Black	1.868***	1.806***
Number of Children	0.711***	0.705***
Age	1.0442**	1.046**
Religious	0.673*	0.676*
N	819	819

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

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