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FOR THE COMMON GOOD

Reducing Abortion in America:
The Effect of Socioeconomic Factors

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Executive Summary

Family, social and economic supports reduce abortions

Recent research finds that the abortion rate among women living below the poverty level is more than four times that of women above 300% of the poverty level. This study of all U.S. states finds that social and economic factors such as higher male employment, lower poverty rates and economic assistance to low-income families have contributed significantly to reducing the number of abortions in the United States in the 1990s.

Elected officials can use socioeconomic public policy to reduce abortions

The findings in this study suggest that elected officials can utilize effective and appropriate socioeconomic public policies to reduce abortions. These include: promoting policies that increase male employment; lower the poverty rate; provide funding for child care for working women; and increase economic assistance to low-income families. Legislation aimed at these goals can effectively reduce abortion in America.

Socioeconomic factors reduce the abortion rate

Analysis of nationwide data suggests that the economic status of pregnant women factors prominently into their abortion decision. Public policies that provide assistance and support to low-income families are rarely framed as ways to reduce the incidence of abortion. However, the findings from this study suggest that a two standard deviation increase in economic assistance to low income families is correlated with a 20% lower abortion rate in the 1990s. Across the entire United States, this translates into roughly 200,000 fewer abortions. Further, higher male employment in the 1990s was associated with a 21% lower abortion rate; and lower poverty rates were correlated with 10% reduction in the abortion rate.

Introduction

Many Americans, regardless of political persuasion, would like to reduce the number of abortions that occur each year in the United States. The pro-life community believes that elected officials can and should help reduce the number of abortions, and look to the government to create laws and mandates that protect the unborn. Yet very little effort has been made to understand how public policies, specifically socioeconomic policies, can effectively reduce abortions. By analyzing how socioeconomic factors influence the abortion rate, this study contributes to our understanding of how public policy can be effective in reducing the number of abortions.

Many voters and public officials who advocate for effective and workable solutions to the abortion problem understand that women may turn to abortion when faced with economic and social hardship. We note below that in a recent survey of women who obtained abortions, nearly three-fourths cited economic hardship as a reason for obtaining an abortion. Three-fourths also cite barriers related to work, school or child care responsibilities. Given this data, it is important to understand how to address these economic and social hardships in order to help women bring their pregnancies to term. The U.S. Conference of Catholic Bishops (USCCB) has long advocated for a comprehensive strategy to reduce abortions. In addition to seeking legal restrictions on access to abortion, they have suggested that an effective effort to reduce abortions would “include nutritional, prenatal, childbirth and postnatal care for the mother; nutritional and pediatric care for the child; adoption and foster care services; counseling and spiritual assistance; opportunities for teenage parents to continue their education during pregnancy and after childbirth; and support for victims of rape and other forms of abuse and violence.”¹

Despite support for a comprehensive strategy that addresses the socioeconomic status of pregnant women and their children, there is a significant dearth of analysis that explores how public policies can effectively reduce and end abortion. As a result, we lack sufficient understanding of how economic policies aimed at supporting low-income mothers and working families affect the abortion rate. This research is an effort to examine these factors. The findings of this study can help inform the political responsibility of faithful Catholics, particularly Catholic elected officials, who value protecting the lives of unborn children and seek to reduce and end abortion.

The starting point for this study is the observation that the number of abortions in the United States decreased dramatically during the 1990s, as shown in Figure 1.² According to data from the Allan Guttmacher Institute, abortions fell by 18% from 1990-2000, while the Centers for Disease Control (CDC) estimates show a 21% reduction. In either case, this represents over 300,000 fewer abortions in 2000 compared with 1990. During the 1990s, public opinion on abortion changed little, and while some states were successful at passing and enacting laws to restrict abortion procedures

¹“Bishops adopt revised plan for pro-life activities”: <http://salt.claretianpubs.org/sjnews/2001/12/sjn0112c.html>

²Due to unreported data to the Centers for Disease Control for some states after 1998, the data are extrapolated from previous years for those states, assuming that the share of all U.S. abortions is the same as that the unreported states’ previous 10-year average.

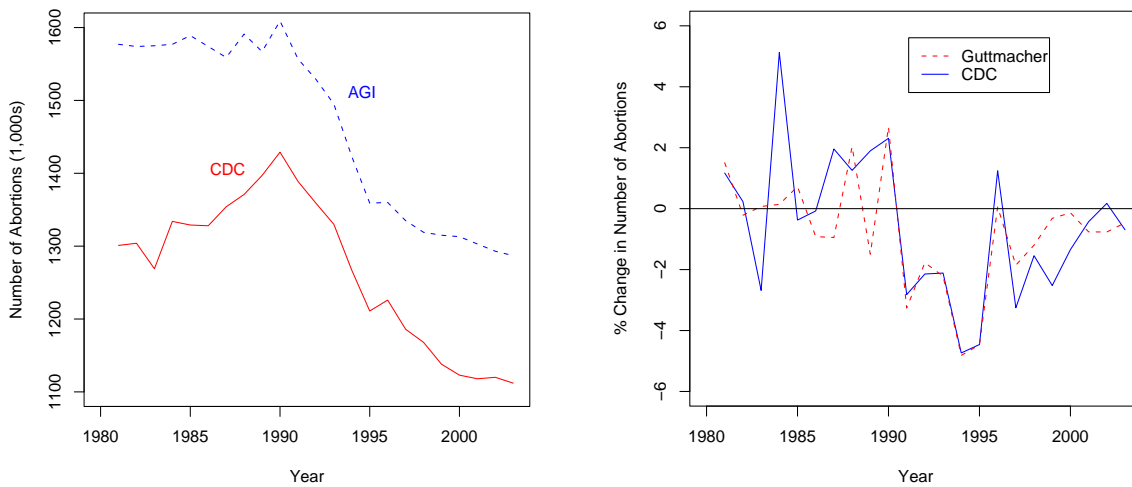


Figure 1: *Abortion in the United States*

(albeit ones such as partial-birth bans that affected very few actual abortion decisions), there was no dramatic shift in the legal restrictions on abortion.

To understand how we can effectively lower the abortion rate, we look at policy approaches and assess the effect of socioeconomic factors on the abortion rate, such as employment, family income assistance (TANF), family size caps on TANF spending and poverty, as well as legal provisions such as informed consent laws and laws permitting Medicaid payment for abortion services. To do this, we analyze nationwide data on the abortion rate in each state from 1982-2000, looking at how socioeconomic policy is correlated with the abortion rate. For example, states that provided higher levels of economic support for pregnant women and mothers reported fewer abortions in the 1990s. States with higher male employment rates also had lower abortion rates in the 1990s. However, there is little evidence that state policies restricting access to abortion (such as enforced informed and parental consent laws and partial-birth abortion legislation) affect the abortion rate, though these laws are supported by Catholics in Alliance for the Common Good and the pro-life community at large.

Analyzing the factors that reduce abortions

Socioeconomic factors affect the incidence of abortion. In a recent survey of women who obtained abortions, nearly three-fourths cited economic hardship as a reason for obtaining an abortion; three-fourths also cited having a child as interfering with work, or school, or child care responsibilities as a reason.³ While suggestive, these surveys cannot isolate the causal effect of socioeconomic factors

³Jones RK, Darroch JE and Henshaw SK (2002). "Patterns in the socioeconomic characteristics of women obtaining abortions in 2000-2001." *Perspectives on Sexual and Reproductive Health*. 34(5):226235

because they only survey women who have had abortions and not women who have brought their pregnancies to term.

According to these studies, women who make decisions to have an abortion consider their economic situation, family life, jobs, and expectations about future well-being. Thus, the benefits of bearing children and the costs of having an abortion may influence abortion decisions. Policies that allow Medicaid funding to pay for abortion services or that directly decrease the benefits associated with bringing a pregnancy to term (such as a family size cap on government assistance) should increase the abortion rate. Take away these direct policy interventions and the abortion rate should decrease.

In addition to these direct policies, the costs and benefits of having an abortion can be viewed in the context of the socioeconomic situation of a pregnant woman. For example, if the cost of bearing and raising a child is roughly the same for most pregnant women, this cost represents a smaller share of the total income for wealthier women. Therefore, bringing a pregnancy to term may be more costly for poor women than wealthier women. Policies that affect the income of low-income pregnant women may influence the abortion rate by decreasing the relative cost of bringing a pregnancy to term.

In this section, we describe the empirical model used to analyze the socioeconomic, demographic and legal factors that influence the long-term abortion rate.⁴ The abortion rate is the number of abortions per 1,000 women in each state in each year. Because we want to know the effect on the long-term abortion rate, we use data from the CDC.⁵

We also look at how employment affects the number of abortions. Employment may reduce abortions through two mechanisms. First, employment generally increases family income, providing families with more resources to care for a child. Second, current employment may be a good indicator of future employment and thus a stable stream of income. To test the effect of employment

⁴Details of this model, a discussion of how it improves on previous research, and numerous robustness checks are detailed in the working paper: “Employment, Welfare Policy, and Abortion.” Michael Bailey, Clyde Wilcox, and Joseph Wright (Georgetown University and University of Notre Dame): http://jgwright.bol.ucla.edu/index_files/AbortionReduction_workingpaper.pdf. We analyze an error-correction model that estimates both the long-term and short-term effects of the explanatory variables on the abortion rate. Long-run multipliers, which are an estimate of the total long-term effect of the explanatory variables, are reported in Table 2 in the Appendix.

⁵The CDC data provides the only uninterrupted time series for most states from 1982-2000. We also tested models that use abortion ratio - the number of abortions per live births - instead of the abortion rate, yielding similar results. Earlier research on state abortion restrictions also uses CDC data on abortions: Michael New. 2006. “Using Natural Experiments to Analyze the Impact of State Legislation on the Incidence of Abortion.” A Report of The Heritage Center for Data Analysis: www.heritage.org/Research/Family/upload/93160_1.pdf In an earlier version of this study, we pooled data on the dependent variable from two different series: abortion by occurrence until 1996 and abortion by residence from 1997 onwards. The problem with pooling two series occurs when the change in the abortion rate (in this case between 1996 and 1997) is caused not only by real changes but by state-specific level shifts between the two series. In the present study, we only use data from the series on abortion by occurrence, which is the only uninterrupted time series that covers the 1980s and the 1990s. The earlier study also reported results for spending on WIC, which we omit in this analysis. Using the correct series, we found that WIC payments are not correlated with the abortion rate in the 1990s.

on abortion incidence, we calculate the employment-to-population ratio for each state in each year. This ratio is a better measure of employment than the unemployment rate because it accounts for unemployed persons who have stopped looking for work and have hence dropped out of the labor force. Because women are much more likely to be the primary child-care provider in their families, female employment may incur an opportunity cost for bringing a pregnancy to term. However, because men are less likely to be the primary child care provider, male employment may not entail an opportunity cost for forgoing an abortion, and may simply increase in family income. Therefore, we should expect that male employment decreases the abortion rate, but female employment might have a more ambiguous effect, reflecting both increases in income and the opportunity cost resulting from child care responsibilities.⁶ To test these arguments, we calculate the gender-specific employment-to-population ratios.⁷ While the female employment-to-population ratio increases every year from 1982 to 2000, the male employment-to-population ratio roughly follows the path of economic growth and recession (decreasing from 1980-1983, 1989-1992, and 2000-2003).

In addition, we consider how state-administered income support for low-income families, measured as AFDC-TANF⁸ spending, affects the long-term abortion rate. To standardize AFDC-TANF payments across states and time, we divide the total amount of inflation-adjusted AFDC-TANF payments distributed in a given state-year by the total population.⁹

A second way to measure the effect of AFDC-TANF payments is to test whether states that have a family cap on the number of children eligible for additional benefits have more abortions than states without a family cap. First introduced in New Jersey in 1993, by 1998 family caps were in place in 21 states. As shown in the left panel of Figure 2, the average decline in the abortion rate during the 1990s in states without a family cap was between -0.35 and -0.55, depending on the data source and whether the abortion rate was calculated by the state of residence or the state where the abortion occurred. In states with a family cap, the decline was much smaller (about -0.15 by state in which the abortion occurred) or positive (+0.22 by state of residence). *Thus states with a family cap saw a much smaller decline in the abortion rate during the 1990s than states with no family cap.* The right panel repeats this exercise using the logged differences in the abortion rates to account for the possibility that outliers are influencing the analysis. The same pattern remains, indicating much steeper decreases in the abortion rate in states with no family cap.¹⁰

⁶Using a cross-section measure of state marriage rates, we found that male employment had a greater effect in reducing abortion in states with high marriage rates. In states with relatively low marriage rates, we found male employment had little effect on abortion rates. Marriage rates did not condition the relationship between female employment and the abortion rate.

⁷The female employment to population ratio, for example, is the number of employed women divided by the number of women in each state in each year.

⁸Aid to Families with Dependent Children (AFDC) was changed to Temporary Assistance to Needy Families with 1996 Welfare Reform Act (1996 Personal Responsibility and Work Opportunity Reconciliation Act).

⁹We adjust nominal AFDC-TANF payments by the state-specific CPI in each year. To check the robustness of this measure, we also calculate (1) AFDC-TANF payments based on the nation-wide CPI; (2) AFDC-TANF payments per person living in poverty; and (3) AFDC-TANF payments per dollar of gross state production (GSP). Using these measures does not change the results.

¹⁰To ensure that states that are more likely to reduce abortions are not also those that are more likely to institute the

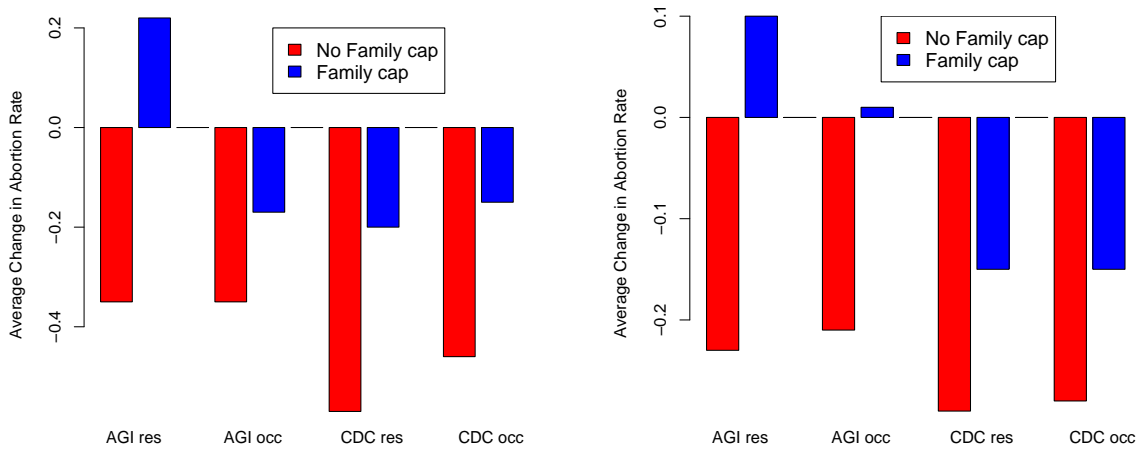


Figure 2: *Family Cap and Abortion Reduction.* Average decrease in abortion in states with and without a family cap. Red represents states with no family cap; blue represents states with a family cap. Left panel depicts the average decrease in the abortion rate; right panel, the average decrease in the logged abortion rate. AGI: Allan Guttmacher Institute; CDC: Centers for Disease Control.

Another socioeconomic factor that may influence the incidence of abortion is median family income. In states where families typically have higher incomes, there may be less economic pressure to end a pregnancy through abortion because the cost of caring for a child constitutes a smaller share of the typical family’s income. Nationwide, median income generally increases every year from 1982 to 2001 except during recessions. Since 2001, median income has stagnated.¹¹

In addition to looking at income, employment, and economic supports, we also test whether state abortion laws influence the abortion rate. We include variables which indicate whether a state permits Medicaid to pay (*Medicaid*) for abortion and whether a state successfully passed laws that in some form restrict partial-birth abortions (*Partial*). If Medicaid payment reduces the cost of procuring an abortion for some women, then the abortion rate should increase. We include variables that measure whether the state passed informed consent and parental-consent laws and whether these laws were enacted. In some states, a law was passed in the legislature but later overturned in the courts. The presumed effect should be that laws decrease the incidence of abortion because they require women who are considering abortion services to take time to consider their decision carefully. These laws, however, may simply be proxies for abortion sentiment in different states, in which case these variables would only provide information on abortion sentiment and would

family cap, we estimate a series of OLS models that control for state fixed effects. These models all show that the family cap increases the abortion rate.

¹¹See Figure 1, “Income, Poverty, and Health Insurance Coverage in the United States: 2005” Census Bureau: <http://www.census.gov/prod/2006pubs/p60-231.pdf>

not isolate the causal effect of these laws.¹² To address this selection effect, Michael New, in a research report for the Heritage Foundation, codes variables for states that passed informed and parental consent laws. He also codes variables for states that passed these laws but where they were subsequently nullified by a state court. The difference between states that passed legislation that was implemented and states that passed legislation that was overturned should capture the causal effect of these laws. Thus, we include a variable for the informed consent passed, parental consent passed, informed consent passed and *enacted*, and parental consent passed and *enacted*.

We control for a number of factors that could influence both the abortion rate and the per capita spending on AFDC-TANF. Population density is an indirect measure of access to and knowledge about abortion services, as abortion services are geographically closer to most people in more dense states.¹³ Population density may also be correlated with cultural values that influence decisions to have an abortion. We control for the share of the population living in poverty to take into account that AFDC-TANF payments should increase when more people live in poverty. Including the share of the population who are young women (ages 15-19, 20-24, and 25-29) controls for the fact that states with more young women are likely to have higher abortion rates.¹⁴

We also include variables for each state and each year. This allows us to control for factors that vary across states but do not vary much across time, such as geography and the religious composition of the state, and for factors that vary over time such as economic recessions and changing political party alignments.

Empirical results

We report the results of the statistical model in the Appendix, and briefly summarize the main findings here. We first analyzed the data for the entire period from 1982-2000. While many of the variables of interest are in the expected direction, none are statistically different from zero.¹⁵ We then analyzed the data separately for each decade. In the 1980s, again many of the variables of interest (male employment, female employment, Medicaid payments) are in the expected direction but not statistically significant. The coefficient for AFDC spending is positive but not statistically sig-

¹²Michael New. 2006. "Using Natural Experiments to Analyze the Impact of State Legislation on the Incidence of Abortion." A Report of The Heritage Center for Data Analysis: www.heritage.org/Research/Family/upload/93160_1.pdf.

¹³A recent study by the Guttmacher Institute finds that almost all (97%) nonmetropolitan areas lack an abortion provider in their county, while 69% of counties in metropolitan areas lack an abortion provider: www.guttmacher.org/pubs/journals/4000608.pdf.

¹⁴As a robustness check, we control for the racial composition of the state: percent African American, percent Hispanic, percent Asian American, and percent American Indian and Alaskan Native. This does not change the results. The results are also robust to the inclusion of controls for % children in each state and the fertility rate.

¹⁵The significant coefficients for parental consent in Column 1 suggest that passing this law increases the abortion rate and enforcing the law decreases the abortion rate. The combined effect of passing and enforcing the law, however, is given by $\beta_{ParentalPass} + \beta_{ParentalEnforce} = -0.043(0.061)$, which is small and not different from zero.

nificant. The positive coefficient suggests that welfare spending may have been linked to increasing abortion rates during the 1980s.

When we analyze data for the 1990s, there are a number of statistically significant findings. The results indicate that economic assistance and male employment were correlated with decreases in the abortion rate, while female employment and poverty are correlated with increases in the abortion rate. The null results also bear mentioning: during the 1990s the family cap, Medicaid funding for abortions, and state laws restricting access to abortion appear to have no effect on the abortion rate. The finding for Medicaid is positive in all the regressions, though not statistically significant. To check the robustness of these results, we tested models that control for race. We also change the sample to ensure that potentially biased data are not driving the main results. We test models that both include and exclude data from Kansas, where the data on abortions are likely biased. In columns 6-8, we exclude data for which the CDC was only able to collect information on abortions from hospitals and not clinics.¹⁶ Finally, we weight the data by population and the number of women ages 15-44 in each state to ensure that the analysis compares abortion rates in various states to the correct national trend. The main findings for economic assistance, employment and poverty in the 1990s remain robust to all these changes in the analysis.¹⁷

Figure 3 examines the effect of income assistance, male and female employment, and poverty on the expected number of abortions, using data from the 1990s. We plot the percentage change in the abortion rate resulting from increasing AFDC-TANF payments, male employment, female employment and poverty by the following values: a \$100 increase per person in AFDC-TANF spending, a 4% increase in employment, and a 3.8% increase in poverty.¹⁸ The points are the estimates of the change in the abortion rate, and the lines are the 90% confidence intervals.

The results in Figure 3 indicate that a \$100 per person increase in AFDC-TANF spending was correlated with a decrease in the abortion rate of about 20%. A four percent increase in male employment is associated with a 21% decrease in the abortion rate, while that same increase in female employment suggests a 17% increase in the abortion rate. Finally, increasing poverty by 3.8% increases the abortion rate by about 10%. In Table 1, we calculate the change in the number of abortions associated with the percent changes in the abortion rate reported in Figure 3. The 20% decrease in the abortion rate associated with increased AFDC-TANF payments translates into

¹⁶New (2004, 2008) argues that some state data were obtained from hospitals and other medical facilities and that these differences in reporting may bias the results.

¹⁷The Social Security Administration changed its reporting procedure for state spending on TANF between 1999 and 2000. To ensure that these changes in the way TANF was reported are not driving the results, we analyzed the main model in column 3 of Table 2 in the Appendix dropping data from 2000. The results remain consistent with those reported here.

¹⁸To do this, we simulate the first differences resulting from a change in the explanatory variables. Because the dependent variable is the logged abortion rate, we calculate the expected percent change in the abortion rate by: $100 * (e^{\beta} - 1)$ where β is the estimate of the first differences. We do the same for the 90% confidence intervals. \$106 increase in TANF spending is 2 standard deviations in the sample. 3.8% and 4.8% changes in male and female employment, and 3.8% change in percent poverty are one standard deviation. Simulations, based on the results in column 3 (Table 2), were conducted using CLARIFY. Tomz, Wittenberg, and King. 2000. "Making the Most of Statistical Analyses: Improving Interpretation and Presentation." *American Journal of Political Science*. 44(2): 347-61.

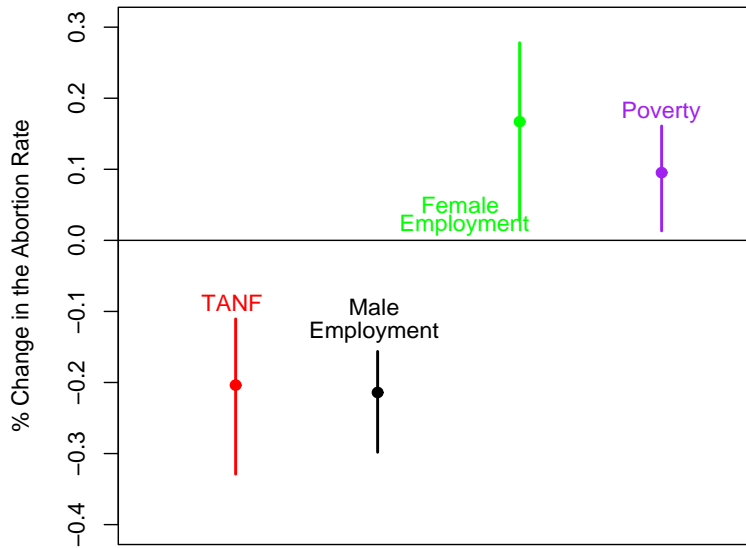


Figure 3: *Estimated percent change in the abortion rate. Points are the median expected value; lines are the 90% confidence intervals. Estimates based on a \$100/person increase in TANF payments; 4% increases in male and female employment, and a 3.8% increase in poverty. All other variables set at their mean/median values.*

approximately 195,000 fewer abortions per year. Increasing male employment by 4% is correlated with 205,000 fewer abortions. Increasing female employment is associated with an increase of 160,000 abortions per year, while an increase in poverty is associated with roughly 90,000 more abortions. Combining the results of a \$100 per person increase in AFDC-TANF spending and a 3.8% decrease in poverty is correlated with a decrease of 263,000 abortions per year.

The implications of these findings suggest that socioeconomic factors influence the abortion rate in the United States: the abortion rate in the 1990s was sensitive to economic assistance, employment, and poverty. These results are consistent with recent research which finds that the abortion rate among women living below the poverty level is more than four times that of women above 300% of the poverty level.¹⁹

The finding for economic assistance bears a number of caveats because we found some evidence that the effect of AFDC-TANF spending was quite different in the 1980s than in the 1990s. Changes in welfare policy during the 1990s may explain these differences between the 1980s and the 1990s. While federal welfare reform was not enacted until 1996, state-level changes in the implementation of welfare programs began in the early 1990s.

¹⁹Jones, Darroch, and Henshaw. 2002. "Patterns in the socioeconomic characteristics of women obtaining abortions in 2000-20001." *Perspectives on Sexual and Reproductive Health*. 34(5): 226-235.

Table 1: Reducing the Number of Abortions

	% Increase or Reduction	90% (Confidence)	Change in number of Abortions (1000's)	90% (Confidence)
AFDC-TANF payments (<i>increase</i>)	-20	(-33, -11)	-195	(-315, -106)
Male employment (<i>increase</i>)	-21	(-30, -16)	205	(-286, -150)
Female employment (<i>increase</i>)	+17	(3, 28)	160	(267, 28)
Poverty (<i>increase</i>)	+10	(1, 16)	91	(13, 154)
AFDC-TANF (<i>increase</i>) + Poverty (<i>decrease</i>)	-27	(-41, -17)	-263	(-388, -165)

Estimates of percent change from 1982-2000 (Column 3, Table 2; also reported in Figure 3). Estimates of the number of abortions based on a percentage reduction from a base of 959,000 abortions per year in 2003, from the CDC.

We also tested whether the effect of economic assistance on the abortion rate is conditional on income levels. We found that economic assistance is correlated with greater reductions in the abortion rate in states with low average incomes. That the abortion rate appears to be more sensitive to welfare spending in low-income states is consistent with fact that the abortion rate among higher income women should have little response to welfare spending as these women are not eligible for these benefits. This would be especially true if the incidence of abortion was highest amongst low-income women. This possibility may be gaining traction over time, as recent evidence suggests that unmarried women and women from racial minority groups are increasingly more likely to have an abortion than white women and married women.²⁰ As abortion becomes more concentrated among lower-income and minority women, the abortion rate may become more sensitive to welfare spending. This may explain why the results for the entire period (1982-2000), while pointing in the expected direction, are not robust.

Second, while we found support for the possibility that the family cap increased abortions when analyzing the bivariate data in Figure 2, once we control for other factors, this finding goes away. One possibility that might explain this is that our data only measure abortions that occur in a particular state and not the number of abortions performed on women who reside in a particular state. The data in Figure 2, however, suggest that the effect of the family cap is most likely to be seen using data that measures the abortion by state of residence. This makes sense because we would not expect family caps (or the other economic factors we analyze) to affect the abortion rate of non-residents.²¹

The effect of employment, this analysis suggests, may vary by gender. If child care is the reason female employment increases the abortion rate while male employment decreases the abortion rate, then policies that promote affordable child care along with female employment may be

²⁰Stanley K. Henshaw and Kathryn Kost. "Trends in the Characteristics of Women Obtaining Abortions, 1974 to 2004." Guttmacher Institute. August 2008.

²¹This is not necessarily true of state laws that restrict access to abortions, such as parental consent, informed consent, or partial birth legislation.

a key to reducing abortion. The findings for employment, particularly the possibility that male employment reduces the abortion rate but that female employment does not, suggest that female employment may present a trade-off: while it may increase the mother's income to care for a child, she may be forced to choose between employment and child care. Providing funding for child care provides additional scaffolding for working women. Because men are less likely to provide full-time child care, increasing male employment simply adds to the income available to help raise a child. The link between male employment and fewer abortions may, of course, be conditional on whether the father of the child is married to or financially supporting the mother. However, if child care is the reason female employment does not reduce abortions as much as male employment, then policies that promote affordable child care along with female employment may be a key to reducing abortion.

Finally, our analysis finds that state laws regulating abortion had little systematic impact on the abortion rate in the 1990s. The one exception may be Medicaid funding. Our analysis consistently finds that Medicaid funding for abortions increases the abortion rate – a finding consistent with earlier research – though this effect is never statistically significant. If Medicaid funding does in fact increase the abortion rate, this result is nonetheless consistent with the main the implications of our study suggesting that the abortion rate is sensitive to economic factors.

Conclusion

For all Americans, and particularly faithful Catholics who view abortion as a tragedy, understanding how social and economic support for women and families can reduce the number of abortions is paramount. This study is an attempt to estimate how socioeconomic factors and state abortion laws affect the abortion rate. We have found the following measures to be associated with reductions in the abortion rate in the 1990s: lower poverty, increased male employment, and economic assistance to low-income families. For example, states that spent \$100 more per person showed a 20% decrease in abortion. To put this dollar figure in context, \$100 per person is about \$30 billion dollars,²² which is equivalent to the amount tax payers spent on only 12 weeks of funding for the Iraq war in 2007.²³ This study also examines the effect of state abortion laws on the abortion rate. While this study finds that state laws such as informed- and parental-consent have not had a significant effect on abortion rates, Catholics in Alliance for the Common Good continues to support such measures as part of a comprehensive plan to reduce the rate of abortion in the United States.

Socioeconomic policies are very blunt instruments for pursuing the goal of abortion reduction. Nonetheless, the results suggest that the economic status of pregnant women factors prominently into their abortion decision. That these factors matter at all, much less that the magnitude

²²This is calculated by multiplying across the entire population of 300 million.

²³The Congressional Research Service reports that the Iraq war cost \$133.6 billion in 2007: www.fas.org/sgp/crs/natsec/RL33110.pdf.

of their effect is so large, suggests that having sufficient economic and social resources to raise a child may be an important determinant of whether women carry a pregnancy to term, and that better targeted policies may be even more effective in reducing the number of abortions.

Legislation recently introduced in Congress²⁴ to reduce abortions proposes concrete policy instruments that are much better targeted to pregnant women: resources to support pregnant teenagers, health coverage for pregnant women (State Children's Health Insurance Program, or SCHIP) and their unborn children, adoption tax credits, and increased coverage for Food Stamps. The measures outlined in this legislation represent pragmatic and, as this study suggests, potentially highly effective policies to reduce the number of abortions in the United States. As noted earlier, the U.S. Conference of Catholic Bishops (USCCB) has long recognized that such policies will contribute to reducing abortions. They have suggested, for example, that a comprehensive strategy to reduce abortions would address health care for pregnant women; the health and well-being of all children; adoption opportunities; educational support for teenage parents; and assistance for victims of rape.²⁵ The USCCB has also consistently opposed a family cap for government assistance.²⁶

The findings of this study indicate that lower poverty and increased economic assistance and male employment are strongly correlated with reductions in the abortion rate and suggest that effective pro-life public policies should address the socioeconomic well-being of pregnant women and working families. As public attention during the new presidential administration turns to the economic health of our nation, elected officials should consider the pro-life benefits of using economic assistance and employment policy to reduce abortions in America.

²⁴The Pregnant Women Support Act (H.R. 6145) sponsored by Rep. Lincoln Davis (D-TN).

²⁵"Bishops adopt revised plan for pro-life activities": <http://salt.claretianpubs.org/sjnews/2001/12/sjn0112c.html>

²⁶See <http://www.usccb.org/sdwp/national/tanfbk.shtml>.

Appendix

Table 2: Abortion Rate

Column	1982-2000		1982-1989		1990-2000			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
AFDC-TANF	-0.561 (0.73)	2.042 (1.24)	-2.307* (1.07)	-2.129* (0.96)	-2.218* (1.11)	-2.048* (1.02)	-2.059* (1.01)	-2.067* (1.02)
Male employment	-1.577 (1.39)	-0.962 (1.48)	-6.030** (1.70)	-5.209** (1.69)	-6.192** (1.80)	-5.678** (1.65)	-5.699** (1.67)	-5.670** (1.65)
Female employment	0.880 (1.49)	1.648 (1.67)	3.873** (1.44)	3.313* (1.34)	4.212** (1.56)	2.642+ (1.39)	2.516+ (1.40)	2.612+ (1.39)
Percent poverty	0.006 (0.01)	-0.004 (0.01)	0.024* (0.01)	0.021* (0.01)	0.025* (0.01)	0.018+ (0.01)	0.017+ (0.01)	0.018+ (0.01)
Family cap	0.031 (0.07)		-0.034 (0.06)	-0.035 (0.06)	-0.041 (0.06)	-0.047 (0.06)	-0.045 (0.06)	-0.045 (0.06)
Medicaid payment	0.084 (0.06)	0.039 (0.04)	0.026 (0.07)	0.017 (0.07)	0.016 (0.08)	0.042 (0.07)	0.046 (0.07)	0.043 (0.07)
Parental pass	0.136+ (0.08)	0.009 (0.08)	0.050 (0.09)	0.062 (0.09)	0.092 (0.10)	0.104 (0.09)	0.106 (0.10)	0.105 (0.09)
Parental enforce	-0.179* (0.08)	-0.069 (0.07)	-0.120+ (0.07)	-0.137* (0.06)	-0.133+ (0.07)	-0.146* (0.07)	-0.142* (0.07)	-0.147* (0.07)
Informed pass	0.129 (0.11)		0.079 (0.09)	0.079 (0.08)	0.084 (0.09)	0.089 (0.09)	0.085 (0.09)	0.091 (0.09)
Informed enforce	-0.098 (0.10)		-0.087 (0.09)	-0.094 (0.08)	-0.094 (0.09)	-0.107 (0.09)	-0.104 (0.09)	-0.109 (0.09)
Partial birth	0.200 (0.15)		0.207 (0.14)	0.155 (0.12)	0.221+ (0.13)	0.190 (0.13)	0.187 (0.14)	0.189 (0.13)
Population density	0.004 (0.00)	0.000 (0.00)	0.005+ (0.00)	0.003 (0.00)	0.005 (0.00)	0.005 (0.00)	0.005 (0.00)	0.005 (0.00)
Income	-9.110 (8.57)	10.734 (13.63)	-3.695 (9.92)	-3.307 (9.66)	-3.874 (10.53)	-8.143 (9.75)	-7.980 (9.94)	-8.349 (9.75)
R ²	0.349	0.841	0.757	0.787	0.721	0.781	0.771	0.780
Observations	877	329	501	501	512	476	476	476
Control for race	no	no	no	yes	no	no	no	no
Exclude Kansas	yes	yes	yes	yes	no	yes	yes	yes
Exclude CDC biased	no	no	no	no	no	yes	yes	yes
Weighted data	no	no	no	no	no	no	yes	yes

Coefficients for long-run multipliers reported, with standard errors in parentheses. Dependent variable is the change in the logged abortion rate. Error-correction estimation regresses the change in logged abortions rates on the lagged dependent variable and the lagged and differenced explanatory variables. Lagged and differenced measures of women's age groups (15-19, 20-24, 25-29) included in all models, but not reported. State and year fixed effects included in all models, but not reported. Weights in columns 7 and 8 are: $\log(\text{population})$ and $\sqrt{\text{female}_{14-45}}$, respectively. + p<0.10; * p<0.05; ** p<0.01

Table 3: Summary Statistics

Variable	N	Mean	Std Dev	Min	Max
Abortion rate (log)	501	2.71	0.48	0.69	3.93
Medicaid payments	501	0.26	0.44	0	1
Parental pass	501	0.54	0.50	0	1
Parental enforce	501	0.49	0.50	0	1
Informed pass	501	0.43	0.50	0	1
Infomred enforce	501	0.41	0.49	0	1
Partial birth	501	0.06	0.23	0	1
Population density	501	138.33	188.05	3.39	848.12
Income	501	0.05	0.01	0.03	0.08
Poverty	501	12.93	3.87	5.30	26.40
AFDC-TANF spending	501	0.09	0.05	0.01	0.30
Male employment	501	0.72	0.04	0.57	0.80
Female employment	501	0.57	0.05	0.40	0.69
Family cap	501	0.19	0.39	0	1
Female 15-19	501	0.04	0.00	0.03	0.05
Female 20-24	501	0.03	0.00	0.03	0.05
Female 25-29	501	0.04	0.00	0.03	0.06

Data Sources

Abortion rate: Centers for Disease Control (<http://www.cdc.gov/reproductivehealth/Data.Stats/#Abortion>)

AFDC-TANF payments: U.S. Department of Health and Human Services (HHS), Administration for Families and Children (AFC) (http://www.acf.dhhs.gov/programs/ofs/data/tableF_1997.html)

AFDC-TANF Family Cap: Urban Institute's "Welfare Rules Database" (<http://anfdata.urban.org/WRD>)

Employment-to-population ratios: Bureau of Labor Statistics (correspondence)

Percent poverty: U.S. Census Bureau (<http://www.census.gov/hhes/www/poverty/histpov/hstpov21.html>)

Medicaid pays: New (2006) <http://www.heritage.org/Research/Family/cda06-01.cfm>

Informed consent passed/enforced: New (2006) <http://www.heritage.org/Research/Family/cda06-01.cfm>

Parental consent passed/enforced: New (2006) <http://www.heritage.org/Research/Family/cda06-01.cfm>

Partial birth: New (2006) <http://www.heritage.org/Research/Family/cda06-01.cfm>

Median income: U.S. Census Bureau (www.census.gov/hhes/www/income/4person.html)

Population: U.S. Census Bureau (<http://www.census.gov/popest/archives/1990s/strh/srh90.txt>, <http://www.census.gov/popest/archives/1980s/>)

Female %: U.S. Census Bureau (<http://www.census.gov/popest/archives/1990s/strh/srh90.txt>, <http://www.census.gov/popest/archives/1980s/>)