Policy Considerations in the Public Funding of Abortion

Cutoff of Abortion Funds Doesn't Deliver Welfare Babies
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The abortion-funding debate is once more in the news, with referendums designed to end state funding of abortions defeated in Massachusetts, Oregon and Arkansas. But as debaters well know, plausibility and truth are not synonymous.

Proponents of public funding may have aided themselves in carrying the day with the argument that abortion prevents the birth of children who would become dependent on public assistance, and they offer estimates of the alleged savings thus achieved. Unfortunately, public funding's champions do not present the whole picture. With funding cut off, abortions decrease, but births decrease as well:

<table>
<thead>
<tr>
<th>State</th>
<th>Outcome of 3-month pregnancies, Feb.–July</th>
<th>1977</th>
<th>1978</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio</td>
<td>No. induced abortions</td>
<td>3,958</td>
<td>2,591</td>
</tr>
<tr>
<td></td>
<td>No. live births (Aug.–Jan.)</td>
<td>6,156</td>
<td>5,932</td>
</tr>
<tr>
<td></td>
<td>Est. no. of miscarriages</td>
<td>543</td>
<td>523</td>
</tr>
<tr>
<td></td>
<td>Total pregnancies</td>
<td>10,657</td>
<td>9,046</td>
</tr>
<tr>
<td>Georgia</td>
<td>No. induced abortions</td>
<td>1,474</td>
<td>1,164</td>
</tr>
<tr>
<td></td>
<td>No. live births (Aug.–Jan.)</td>
<td>6,854</td>
<td>6,829</td>
</tr>
<tr>
<td></td>
<td>Est. no. of miscarriages</td>
<td>604</td>
<td>602</td>
</tr>
<tr>
<td></td>
<td>Total pregnancies</td>
<td>8,932</td>
<td>8,595</td>
</tr>
</tbody>
</table>

The figures above are gleaned from a careful study, published in the May/June 1980 issue of the Guttmacher Institute's Family Planning Perspectives, of what happened in three states after the passage of the Hyde Amendment, which eliminated most federal funding of abortion. One of the states, Michigan, continued to pay with state funds for poor women's abortions. The other two, Ohio and Georgia, did not. Birth and abortion records of Medicaid-eligible women for all three states were studied and compared for a six-month period of 1977 (before Hyde) and a comparable period of 1978 (after Hyde).

Indeed, there was a reduction in abortions in Ohio and Georgia, apparently resulting from the cutoff of public funds. So what is to account for the decrease in births? Conceptions decreased. The decrease amounted to 4% in Georgia and a hefty 15% in Ohio. Remember that these figures come from a careful counting of birth and abortion records kept for Medicaid-eligible women in both states.

The evidence would seem to be conclusive, but it is ignored or selectively cited. As a case in point, this year Oregon's secretary of state insisted that the anti-fund-
ing ballot also contain the message that the measure would cost the state $2.4 million a year, because each abortion not paid for by the state would be replaced by the live birth of a welfare-dependent child.

**Abortions declined without public funding, but births did not increase.**

Prior to making this estimate, the secretary of state had received a memorandum from Planned Parenthood estimating that only 20% of the abortions not funded by the state would end up as live births and that the other 80% would be paid for by the women themselves. That number, too, was erroneous, but not as wide of the mark as the secretary of state's.

The Planned Parenthood estimate, while based on the study cited above, used only part of the study's data. As would be expected, there was little change between the six-month periods in 1977 and 1978 in the number of abortions performed on poor women in Michigan, where state support replaced federal funding. In Georgia and Ohio, where government funding ceased, the number of abortions performed on Medicaid-eligible women declined by 21% and 35%, respectively. On the basis of these figures, together with the number of live births, the authors of the study estimated that, if the same proportion of pregnancies had been aborted in 1978 as in 1977, there would have been about 20% more abortions in both states. The next small step might seem to be obvious—that is, to conclude that the unfunded 20% of abortions must have resulted in live births. Following this reasoning, a Guttmacher Institute study of the "Public Benefits and Costs of Government Funding for Abortion," published in the May/June 1986 issue of Family Planning Perspectives, did use this apparently reasonable assumption as the basis of its cost estimates, concluding that "for every tax dollar spent to pay for abortions for poor women, about four dollars is saved in public medical and welfare expenditures."

Planned Parenthood and its former affiliate, the Guttmacher Institute (both strong advocates of public funding), are correct: Fewer abortions occur when public funding for abortions is cut off. But what the statements by these agencies omit is the most interesting and significant effect: Though abortions decline, births do not increase, and therefore public assistance cannot increase, because people take steps to reduce conceptions.

This fact, though contrary to certain stereotypes of human response enshrined by the social-welfare establishment, is in perfect harmony with elementary principles of economic behavior. Faced with a price for a formerly "free good" such as an abortion, consumers turn to a less costly substitute—in this case apparently to the prevention of pregnancy. This substitution effect, familiar to economists, has shown up in other studies of abortion. In Denmark, after abortion became more liberally available, sales of contraceptives declined sharply as rates of abortion and pregnancy rose, while the birth rate rose briefly and then resumed its long-run decline.

In her studies of American women, Kristin Luker found that the knowledge that "I can always get an abortion" played an important role in the decision to risk getting pregnant. In Minnesota a law requiring parents to be notified of minors' abortions (another way of imposing a higher "price" for the service) was followed by dramatic reductions in pregnancies, abortions and births among teenagers.

The evidence blows apart the economic arguments for public-funding of abortion. Government-funded abortion provides no "cost savings" to the public. Rather, the evidence shows that people respond to its availability at public expense by using it in place of other means of birth control and that they adapt to its non-availability at public expense by using other means of limiting births.

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Women Increasingly Receive Public Assistance as Abortion is Repeated

Since the legalization of abortion in 1973 in the United States, various organizations have made the claim that considerable tax savings of many millions of dollars due to lower welfare costs that would be realized if abortions were utilized by low income women instead of childbirth. For example, at the end of 1973 the Department of Health, Education and Welfare (HEW) reported to Congress that it had funded "at least" 220,000 abortions. The National Abortion Rights Action League (NARAL) calculated that delivery of a child "plus welfare 1 year," cost $4600.00 and that the savings in the first year on this basis was claimed to be over $1 billion.1

Similar claims are currently being made today by pro-abortion advocates, using current cost figures. However, there is considerable evidence that this claim is illusory, because of the failure to consider the adverse effect of abortion on women. One reason for the failure to realize these "savings" is the fact that many women who use abortion as a method of birth control, are already more likely to be eligible for or are receiving public assistance compared to women in general. In addition, as women repeat abortion they are increasingly likely to begin to receive public assistance.

The utilization of repeat abortion is a problem of considerable significance. At the present time nearly one-half of the abortions in the United States are repeat abortions. If a woman has had one abortion she is at least 4 times more likely to have a repeat abortion compared to a woman who is aborting for the first time.2 The considerable number of women who repeat abortions paid for by public funds has affected attitudes toward public funding of abortions. For example, former president Jimmy Carter stated, "It is very disturbing that many of the recipients of federal payments for abortion in the past have been repeaters. They come back time after time for additional abortions, which show it is not entirely ignorance."3

Within each racial group, women having repeat abortions were more likely to have had more living children (60.5% vs. 43.3%) compared to women having a first abortion. Among black women, 55.6% of the first abortion group were on welfare versus 65.6% of those having repeat abortions. The respective figures for white women on welfare were 12.3% (first abortion) and 19.3% (repeat abortion).

Among those repeating abortion an average of approximately 2 years had elapsed since the previous abortion, but 42% had repeated abortions within the last 12 months. Women on welfare were found to be particularly likely to engage in unprotected sexual intercourse and appeared to remain exposed to repeat abortion.4

If unprotected sexual intercourse and 'unwanted' pregnancy by women on welfare is considered undesirable, undergoing an induced abortion only heightens the problem. A number of studies have shown that despite contraceptive knowledge women will repeat abortion due to depression over prior personal losses, sexual identity conflicts, increased frequency of sexual activity, masochism, replacement pregnancies following abortion, compulsive re-enactment and other reasons. A New York study found that women repeating abortion generally showed more desire to have children than women having an abortion for the first time.5

A Finnish study compared women who were able to...
successfully contracept following one abortion with women repeating abortion and found that women repeating abortion were lower in self-esteem, more impulsive, had less emotional balance, were less realistic, more unstable and had less capacity for integrated personal relationships. Women repeating abortion were less likely to have a relationship of 5 years or longer with their current male partner. Partners of repeaters took less responsibility for contraception even though the women had left them with greater responsibility in this respect. Solidarity with the partner was weaker in those repeating abortion even though the women felt greater admiration for their partners. Those who were repeating abortion tended to indicate a 'split' mechanism and immaturity of ego development which verged on a borderline level disturbance.6

Women repeating abortion had poorer competence in building up the socio-economic framework of their lives.

The same Finnish study found no statistically significant differences between women aborting for the first time and women repeating abortion as to amount of education, level of vocational training or the women's satisfaction with their own education. There was no significant difference between the women in the two groups in terms of net income. However, in the case of men living with the women in a common household, net income was higher in the single abortion group. The level of housing conditions was poorer in the repeat abortion group and they were more commonly dissatisfied with their living environment in general. The authors concluded that women repeating abortion had poorer competence in building up the socio-economic framework of their lives.

Women who repeat abortions tend to have increasing health problems and evidence a trend toward personality disintegration as abortion is repeated.7

The increasing smoking rates among women as abortion is repeated is important. Studies have shown that smokers are less likely than non-smokers to use contraceptives or plan a pregnancy.8 Smokers are more likely to drink beer or whiskey to excess.9 In a study of college students at the University of Arizona in 1973, it was found that smokers had a higher level of anxiety, manifested more psychosomatic symptoms, had more guilt proneness, more unrealistic fantasy content, had less self-control over internal processes and more nervous tension than non-smokers.10 Women in a state of bereavement following a loss will tend to increase smoking11 and women who smoke during pregnancy will tend to have increased rates of child abuse compared with women who do not smoke during that time.12 Women tend to smoke to relieve stress or emotional upsets. Female heavy smokers have been found to be more depressed or neurotic than non-smokers.13 Various studies have demonstrated that induced abortion tends to increase stress and emotional difficulties in women. MMPI tests have shown greater impulsivity, anxiety and depression in women following induced abortion compared to women who deliver.14 Women show an increasing incidence of hospitalization for psychiatric problems as abortion is repeated although not for childbirth.15 Women repeating abortion have been shown to have higher emotional distress levels in areas of depression, anxiety, paranoia and sleep disturbance compared to women who have had only one abortion and also tend to be more isolated.16 Women who have had a prior abortion also tend to smoke and consume alcohol more frequently and more heavily during subsequent pregnancies intended to be carried to term compared with other pregnancy outcomes17, and they have been shown to smoke more frequently when compared to women who carried unwanted pregnancies.
Action Alert! Action Alert! Action Alert!

Pro-abortion forces have started a massive lobbying effort directed at Congress. As the U.S. Supreme Court is increasingly "relinquishing" abortion to the legislative branch, these groups focus their attention on Congress. (A federal law like the proposed "Freedom of Choice Act" would nullify all state laws restricting abortion.) Specifically, they are pushing Congress to change the regulations for the Title X family planning program. The Supreme Court's Rust decision upheld the legality of the regulations that deny Title X funds to family planning clinics promoting abortion.

Planned Parenthood, currently receiving $37 million in Title X funds, has unleashed a $3-5 million campaign in both the national and the "hometown" media claiming that the rules violate "free speech, medical ethics, and doctor-patient confidentiality." Virtually every professional group has come out supporting Planned Parenthood's "spin" of the issue. There is no mention that abortion is not birth control, that these clinics are inappropriate for women already pregnant, that pregnant women need obstetrical services (to which they may and should be referred), that over 80% of the "counseling" is done by nurses or even secretaries, etc.

We know, of course, that using abortion as birth control leads to repeat abortions for an increasingly larger proportion of women (around 45% of all abortions are repeats). Abortion not only kills the child but is also the source of physical and mental problems for the mother.

As professionals you are in a position to cut through the fog of disinformation and address these issues. You can also make it clear to your Congressmen that the leadership of the various professional associations does not speak on your behalf:

The White House and pro-life Congressmen, especially, must receive letters and personal communications from you as professionals detailing why abortion cannot possibly be considered "another" form of birth control; why it is dangerous to women; why the Title X regulations are proper under the very limited scope of the program; why their "free speech" is not "free" but "paid for" with your tax dollars (they can promote abortion with their own funds); why it would be dangerous to have clinic "amateurs", untrained in the management of the emotional turmoil of an unintended pregnancy, "counsel" women about abortion; why there is an inherent conflict of interest for abortion providers such as Planned Parenthood (the largest chain of abortion clinics) to participate in the Title X program, etc. Please enlist your colleagues in this effort. Letters to the editor in your local papers and in professional news publications would also be very effective.

NRLC is currently mounting a media campaign to get the truth out to the American people and to the decision makers in particular. NRLC will be hard-pressed to match the millions that Planned Parenthood, NARAL, and other groups will spend. But NRLC must raise as much as it can. So aside from writing letters, phoning the Congressmen's offices, and meeting them in person during the recess, you can help here, too. Please send a check (payable to NRLC) with the coupon below.

Yes! I'll help with the effort to stop the promotion of abortion as a method of birth control with my tax dollars.

[ ] I'll tell my representatives in Congress and the White House that I absolutely oppose my tax dollars going to clinics that treat abortion as a method of birth control.

[ ] I enclose a contribution (payable to NRLC) of [ ] $25, [ ] $50, [ ] $100, [ ] $250, [ ] $500, [ ] $1,000, [ ]

The Abortion is Not Birth Control Coalition

c/o NRLC, Inc., 419 7th St. NW, Suite 500, Washington, D.C. 20004

(Unfortunately, the federal government does not allow your gift to NRLC to be a tax-deductible donation.)
Women who use drugs such as cocaine, heroin or methamphetamine during pregnancy have been found to have higher incidence of prior abortions, and particularly repeat abortions, compared to women who do not use these drugs during pregnancy. As abortion is repeated it appears to lead to a lessened degree of functioning due to personality deterioration as well as increased health and social problems with an increasing need for public assistance. Illusory claims of cost savings if abortions are paid by tax monies vanish when subjected to the scrutiny of the immense health and social problems as abortion is repeated.

A comprehensive study conducted in 1987 by the Alan Guttmacher Institute interviewed 9,480 U.S. women obtaining abortions at 103 clinics, hospitals and doctors offices. The study found that nearly 3 times the number of women undergoing abortion were eligible for public assistance (Medicaid) compared to U.S. women in general (23.8% vs. 9%). When the data was adjusted for age differences the relative difference was still 2.44. Many of the Medicaid eligible women undergoing abortion already had prior pregnancies which were carried to term. Nearly one-half of the women undergoing abortion (47.6%) had one or more previous live births. Among these women abortion would not be likely to keep women off of public assistance as many were already eligible for public assistance and many also had live born children. In addition, 70% of the women undergoing abortion still wanted more children in the future.

Many of the women in the Alan Guttmacher study were repeating abortion. According to the self-reports of the women, 26.9% were having a second abortion; 10.7% were having their third abortion; and 5.3% were having their fourth abortion or more. The self-reported figure of repeat abortions is probably lower than the actual incidence. A study of repeat abortion comparing medical records with self-report interviews found a 20% higher incidence of repeat abortions in medical records.

Significantly more of the women undergoing abortion were never married (63.3% vs. 35.7%), cohabiting (17.4% vs. 3.5%), separated (6.4% vs. 3.3%) or divorced (11.2% vs. 8.2%) than women in general, indicating a lesser degree of attachment and presumably less economic support from males. Separated women were 5 times more likely and unmarried co-habiting women were 9 times more likely to have an abortion compared to married women living with their spouse. The study reported that married women generally have higher family incomes compared with women in other situations. This appears to be significant as a considerably greater number of women undergoing abortion are not married than women in general.

Other studies have shown a weakening of social bonds as abortion is increasingly utilized. A study of 345 women at a New York abortion clinic found that women who have repeat abortions are in less stable social situations and had relationships of shorter duration than women who seek abortions for the first time. A Los Angeles study also found that women repeating abortion were significantly more likely to be single or living without a spouse and to have less stable relationships with their partners compared to women seeking abortion for the first time.

Women having abortions had a lesser degree of attachment and likely less economic support from males.

Anecdotal reports of women who repeat abortion are also helpful in understanding the dynamics involved. In a particularly poignant story of a woman with a long history of personal problems, increasing deterioration of social relationships took place as abortion was repeated. At the time of her first abortion she was living with her parents, who coerced her into the abortion. She...
also had a steady boy-friend to whom she was committed, eventually married and who briefly provided economic support. At the time of her second abortion she was involved in a live-in situation with a man who promised to marry her, but who had heavy financial obligations arising out of his first marriage. At the time of her third abortion she shared an apartment with a man who drank heavily but with whom she had no particular commitment and who threw her down the stairs when he learned she was pregnant. Her moral and social situation deteriorated as abortion was repeated. Her relationships with men continued to worsen with each succeeding abortion with more and more personal as well as financial problems.25

In another instance a woman with a history of 4 abortions reported that her first abortion was obtained at the urging of her doctor because of fear of possible birth defects. Alcohol and drug abuse followed. The second was done in anger at her lover. Promiscuity followed. She laughed about her third abortion. The fourth was a "quickie" and by now she was "deadened to pain – to right and wrong." Her relationships with men deteriorated from marriage (1st abortion) to an ongoing sexual relationship with a married man (2nd abortion) to sexual promiscuity with no particular commitment (3rd and 4th abortion).26 Thus, it is particularly likely that women repeating abortion in the Alan Guttmacher study would have a lesser degree of economic support from male partners as well as a weaker socio-economic structure in general.

The repeated utilization of abortion appears to lead not to economic prosperity or social well being, but to an increasing 'feminization of poverty'.

Conclusion

Medicaid payment of elective abortion, as a form of birth control, is not likely to result in savings of tax money, particularly in the case of repeat abortion. At the present time nearly one-half of the abortions in the United States are repeat abortions. Women who repeat abortion are more likely to be receiving public assistance than women who undergo only one abortion. Women who repeat abortion either do not use contraceptives or are erratic in their use of contraceptives. They are likely to already have live born children and want more children in the future.

As women repeat abortion there is evidence of personal, social and health deterioration which increases the likelihood that public assistance will be needed. The degree of attachment to males is lessened as abortion is repeated which tends to decrease socio-economic stability. Thus, the repeated utilization of abortion appears to lead not to economic prosperity or social well-being, but to an increasing 'feminization of poverty'.

Thomas W. Strahan, Editor

Bibliography

1. A Private Choice, John T. Noonan, Jr. (1979) quoting the Congressional Record 120 (November 20, 1974) at 36695
5 Special Issue on Repeat Abortion. Association for Interdisciplinary Research Newsletter 2(3):1–8, Summer, 1980 citing various studies
January 20, 1979


Abortion Rate is Lowest Among Targeted Population

Abortion advocates frequently argue that abortion is needed to permit uneducated women to complete their education and presumably make more money. However, women with little formal education are most likely to reject abortion. In 1986 the National Center for Health Statistics in a survey of approximately 300,000 women aged 18–24 from 13 states found that women completing 8 years of education or less had only one-fifth the frequency of abortion compared to women with 4 years of college or more.1

<table>
<thead>
<tr>
<th>Educational Level Attained</th>
<th>Aborted White Women</th>
<th>Aborted Black Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whites Live Births</td>
<td>138</td>
<td>237</td>
</tr>
<tr>
<td>Blacks Live Births</td>
<td>220</td>
<td>376</td>
</tr>
<tr>
<td>0–8 years</td>
<td>396</td>
<td>708</td>
</tr>
<tr>
<td>9–11</td>
<td>615</td>
<td>895</td>
</tr>
<tr>
<td>12</td>
<td>811</td>
<td>1251</td>
</tr>
</tbody>
</table>

A 1984 New York survey of 31,207 teenagers also found that the likelihood of obtaining an abortion increased with the number of years of school completed for Puerto Ricans, Latinos, Whites and Blacks.2
A random survey in 1981 across the United States found that the level of formal education influences attitudes toward abortion. When people were asked "Do you believe abortion is morally wrong or is it not a moral issue?", 74% of those with a 11th grade education or less thought it morally wrong compared to 67% for high school graduates and 54% for those with some college or more. Thus, the claim that abortion is needed for uneducated women to advance is unsupported. Also, if abortion rates rise with level of education one must question the kind of education being obtained if it has the effect of promoting abortion.


Studies Show Low Income Women are Less Likely to Seek Abortion

A study among women aged 15–44 in 352 health areas in New York City during 1970–71 found that the abortion rate significantly decreased as per capita income decreased in a given health area. It appeared that attitude toward abortion was a significant factor. When unmarried New York City black women with untimely pregnancies were asked the main reasons why they did not have or consider having an abortion, many stated they "thought it was immoral to have an abortion".

New York City Abortion Rate

<table>
<thead>
<tr>
<th>Per Capita Income</th>
<th>Black Women</th>
<th>White Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $1500</td>
<td>1.80</td>
<td>0.89</td>
</tr>
<tr>
<td>$1500 – $2499</td>
<td>1.48</td>
<td>–</td>
</tr>
<tr>
<td>$2500 – $3499</td>
<td>1.67</td>
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<td>$3500 – $4499</td>
<td>1.98</td>
<td>0.60</td>
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<td>$4500 – $5499</td>
<td>2.59</td>
<td>0.63</td>
</tr>
<tr>
<td>$5500 – $6999</td>
<td>–</td>
<td>0.66</td>
</tr>
<tr>
<td>$7000 or higher</td>
<td>–</td>
<td>1.22</td>
</tr>
</tbody>
</table>

A later study of 31,207 New York City teenagers during 1984 found that "the percentage of persons below the poverty level was inversely related to the likelihood of abortion in the case of Whites and Puerto Ricans." The same study found no correlation between poverty level and likelihood of abortion among Latinos and Blacks. The study concluded "regardless of how accessible abortion services are, teenagers in poverty will be less likely to seek abortion than their more educated and financially better off counterparts."

The belief that abortion is immoral is more prevalent among low income people generally. In a random study of U.S. citizens in 1981 the question was asked "Do you believe abortion is morally wrong or is it not a moral issue?" 65% of the general public agreed it was morally wrong; 74% agreed if their annual income was under $12,000; 64% agreed if their annual income ranged from $12,000 – $25,000, and only 56% agreed if their annual income was above $25,000. A 1989 Los Angeles Times random telephone survey found that people earning less than $20,000 annually were more likely to think abortion is murder (70% vs. 46%) and less likely to favor using public funds for abortion (32% vs. 46%) compared with those earning more than $20,000 annually.