REPRODUCTIVE ISSUES AND WELFARE REFORM

One of the explicit objectives of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) is to influence the reproductive choices of low-income women. The stated purposes of the welfare reform legislation are to discourage welfare receipt and promote job preparation, work and marriage; to prevent and reduce out-of-wedlock births and teen pregnancies among all girls and women; and to provide assistance to needy families and children [P.L. 104-193, Title I, Sec. 401(a)]. States may use their Temporary Assistance to Needy Families (TANF) block-grant funds, provided by the federal government under the PRWORA, for programs designed to achieve these purposes. In addition, states are given monetary incentives to reduce out of wedlock pregnancies, to promote abstinence, and to encourage marriage.

Elements of the Welfare Reform Act Related to Reproduction

PRWORA mandates that in order to receive TANF funding, states had to explain in their state plans, as a part of their outline of a Family Assistance Program, how they planned to:

- **Establish annual numerical goals** for reducing the state's "illegitimacy ratio" for each calendar year through 2005.
- **Take action** to prevent and reduce the incidence of out-of-wedlock pregnancies, especially teenage pregnancies.
- **Conduct statutory rape prevention education programs** for state and local law enforcement officials, and expand teen pregnancy prevention education and training programs to include men [Title I, Sec.402 (a)(1)(A)(v-vi)].

The PRWORA also includes the following elements which will influence state policies on reproductive issues:

- **Abstinence-Only Education Funds**: Each state can apply for federal funding to conduct educational programs that promote sexual abstinence for anyone who is not married [Title IX, Sec. 912, Subsec. 510 (b)(1)].
- **The “Illegitimacy” Bonus**: The federal government will award $100 million to be shared by the five states that demonstrate the greatest reduction in out-of-wedlock births. To qualify for the bonus, states must also demonstrate that the abortion rate is less than the FY 1995 level [Title I, Sec. 403 (a)(2)(A)].
- **The Bonus to Reward High Performance States**: The federal government will reward those states that best achieve the purposes set forth by the PRWORA. The standards are to be established by the Secretary of the U.S. Department of Health and Human Services (HHS) [Sec. 403 (a)(4)].
Denial of Medicaid to Immigrants: The PRWORA denies TANF and Medicaid benefits to all illegal immigrants and most legal immigrants who arrived in the U.S. after August 22, 1996. This means that many immigrant women arriving after these dates will no longer have access to the family planning and prenatal/postpartum services covered by Medicaid. States may choose whether to provide TANF and Medicaid benefits to “qualified” immigrants who arrived before August 22, 1996 [Title IV, Subtitle A].

Implicit State Option to Implement Child Exclusion/Family Cap Policies: Although it is not explicitly addressed in the welfare reform legislation, (the law is silent on this issue), states are now allowed to implement child exclusion/family cap policies that either reduce or eliminate additional monthly benefits for TANF recipients who give birth.

Researchers and policy makers have expressed concern that several of these provisions and new state options, such as the allowance of child exclusion/family cap policies and funding for abstinence-only education, ignore research findings indicating that these policies are not effective strategies for preventing out-of-wedlock births. In addition, focusing on these strategies may reduce funding for more effective programs and policies, and may limit women’s ability to exercise their full rights to plan their families. This newsletter will review the policy issues and the findings related to the TANF provisions that most directly affect reproduction.

Financial Incentives for States to Reduce Out-of-Wedlock Births

Bonus to Reward Decrease in Illegitimacy

Under the PRWORA, the federal government will award financial bonuses during the fiscal years 1999-2002 to the five states that have the largest declines in their “illegitimacy ratios” and have decreased their abortion rate as compared to the rate in fiscal year 1995. The top five states will receive $20 million each, but if there are less than five eligible states, each eligible state will receive $25 million [Balanced Budget Act, Title V, Sec 5502(a)].

The “illegitimacy ratio” (henceforth called the out-of-wedlock ratio) is defined by Congress as the number of out-of-wedlock births to mothers residing in the state divided by the total number of births in the state, during the most recent two year period for which data are available [Title I, Sec. 403 (a)(2)(c)(I)(I(aa); Balanced Budget Act, Title V, Sec. 5502 (b)(B)(iii)]. This formula applies to births and abortions among all women and girls in the state, not just those receiving TANF benefits. HHS will rank the states annually on the basis of the declines in their out-of-wedlock ratios.

According to Tamara Kreinin, of the National Campaign to Prevent Teen Pregnancy, the majority of states are making serious efforts to compete for the out-of-wedlock bonus by stepping up teen pregnancy and unintended pregnancy prevention efforts. Since abortion rates are generally decreasing (Matthews, et al., 1997), it is unlikely that many states will introduce new restrictive abortion legislation solely as a result of the out-of-wedlock bonus. However, the bonus creates an additional obstacle for pro-choice advocates and provides an incentive for states to restrict access to abortion services (NOW Legal Defense and Education Fund (LDEF), 1996b).

Bonus to Reward High Performance States

The “Bonus to Reward High Performance States” is a monetary incentive which will be distributed based on rankings of states’ performance in achieving the goals set forth in the PRWORA, many of which
relate to reproduction. The PRWORA mandates that the Secretary of HHS, in consultation with the National Governors' Association and the American Public Welfare Association, shall develop a formula for measuring state performance [P.L. 104-193, Title I, Sec 403(a)(4)]; the formula has not yet been determined. Since the specific criteria for bonuses are still to be decided, it is unclear how competition for these bonuses will influence state policies on reducing out-of-wedlock births.

**Denial of Reproductive Health Care and Family Planning Services to Immigrants**

As a result of new restrictions on access to health care for immigrants, many immigrant women will have no access to reproductive health care and family planning services. Under the PRWORA, "unqualified" immigrants (illegal/unauthorized and PRUCOL immigrants) are barred from receiving Medicaid, TANF and all other federal public benefits. "Qualified" immigrants who arrived after August 22, 1996, the day the PRWORA was enacted, are barred from receiving these benefits for their first five years in the U.S. States have the option to deny federal benefits to "qualified" immigrants after the five year period, and to those residing in the U.S. before August 22, 1996 [Title IV, Subtitle A]. According to Jeremy Meadows of the National Conference of State Legislatures' Immigrant Policy Project (NCSL), "federal public benefits" are not yet defined, and Title X of the Public Health Service Act of 1970, the only federal program dedicated entirely to funding family planning services, could be included. States also have the option to provide or deny the federally-funded Women, Infants and Children (WIC) nutritional services to "unauthorized" pregnant women.

Forty-nine states, the District of Columbia, Puerto Rico and the Virgin Islands have submitted plans allowing qualified immigrants who were residing in the U.S. before August 22, 1996 to receive TANF benefits, and the Health Care Financing Administration (HCFA) of HHS reports that only Wyoming will be denying Medicaid to this population (National Governors' Association, 1997; NCSL, 1997a). States are still deciding whether they will extend Medicaid and TANF eligibility to qualified post-enactment immigrants after their five year waiting period has expired.

States also have the option to deny or provide state-funded benefits and services to current residents and newly-arriving immigrants. Some states are providing various state-funded medical services to immigrants who arrived post-enactment. Emergency labor and delivery care is still covered by Medicaid,

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1. Approximately $200 million will be divided among rewarded states annually between fiscal years 1999 and 2003. The amount of the bonus for each high performing state will be determined by the score the state achieves, but no state's bonus is to exceed five percent of the state's TANF block grant.

2. PRUCOL immigrants are those individuals "permanently residing in the U.S. under color of law," e.g. statutory authority or administrative discretion (Emsellem & Halas, 1996).

3. Qualified immigrants include legal permanent residents, refugees, asylees, veterans, and Cuban, Haitian and Amerasian entrants receiving refugee or entrance assistance. Battered spouses and children were included as qualified under the immigration reform law [P.L. 104-208], signed on September 30, 1996 (NCSL, 1997b).

4. Only Alabama and Guam have decided to exclude this group of immigrants; Georgia will only provide benefits until 7/1/98 (National Governors' Association, 1997).

5. For example, Maryland will provide care for pregnant immigrants arriving after August 22, 1996; Rhode Island will offer Medicaid for prenatal, delivery and postpartum care regardless of when the women entered the country; Massachusetts will cover Medicaid-ineligible individuals with MassHealth benefits; and Illinois will provide prenatal care for unqualified non-citizens (NCSL, 1997a).
and it covers all immigrants regardless of their status. However, denying family planning and prenatal care could eventually be very costly to local, state, and federal governments.

**Trends in Marriage and Pregnancy Outside of Marriage**

The rates of teen pregnancy outside of marriage have soared since the 1960's, in part because sexual activity among teens increased while teen marriage decreased (Blank, 1995). In 1992, more than six percent of all female teenagers gave birth (Moore, 1995), and 11 percent of girls ages 15-19 became pregnant (Moore, et al., 1996, in Kirby, 1997). Most (76 percent) births to teenagers occur out of wedlock (Moore et al., 1996, in Kirby, 1997). The vast majority (86 percent) of pregnancies among teens are unintended (Kirby, 1997). However, only 30 percent of all out-of-wedlock births occur among teenagers (Moore, 1995).

There is a wide range of theories about the causes of out-of-wedlock pregnancies, including poverty; a lack of access to contraceptives and information about contraceptives; a history of childhood sexual abuse; lack of feelings of self-worth and awareness of one's life options and career opportunities; statutory rape; permissive societal messages about sex; and generous welfare benefits. Many different approaches have been attempted, such as abstinence education, education on contraception and safe sex, comprehensive sex education, statutory rape prevention programs, the distribution of contraceptives, and family cap legislation (see Kirby, 1997). Several of the interventions that are mandated, encouraged, or probable under PRWORA are reviewed and evaluated below.

**Abstinence-Only Education**

The PRWORA provides $50 million a year for states to provide abstinence-only education programs for the fiscal years 1998-2002 [Title IX, Sec. 912, Subset. 510 (d)]. All 50 states applied to receive the funds, and each state's share was determined by a formula based on the relative proportion of all low-income children that reside in that state (Office of State and Community Health, 1997; Sexuality Information and Education Council of the United States (SIECUS), 1997a). The funds will be distributed through the Maternal and Child Health Block Grant, and states are required to match every four dollars in federal funds with three dollars in state funds.

States may only use abstinence-only funds for programs that promote abstinence and not contraception; these may include education programs and mentoring, counseling, and adult supervision to promote abstinence from sexual activity. All programs must target individuals who states determine are most likely to bear children out-of-wedlock. The bill defines abstinence education as a program that includes the following elements:

- "has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
- teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;"

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6 For a state-by-state breakdown of the abstinence-only education allocations see Levin-Epstein, 1996, page 32.
• teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
• teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;
• teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances, and
• teaches the importance of attaining self-sufficiency before engaging in sexual activity.”
[Title IX, Sec. 912, Subset. 510(b)(2)(A-H)].

**Evaluations of Abstinence-Only Education Programs**

To continue to receive abstinence education funds, states are required to provide the Bureau of Maternal and Child Health (MCH) with outcome statistics corresponding to the goals of their programs, and are encouraged by MCH to conduct formal evaluations. The Sexuality Information and Education Council of the United States (SIECUS; 1997a) reports that 40 states plan to evaluate their abstinence education programs, with eleven contracting the evaluation to a university-affiliated research center. The Balanced Budget Act of 1997 [H.R. 2015] also authorized HHS to use up to $6 million in welfare-to-work funds to evaluate abstinence-only education programs (AGI, 1997).

To date, there is no scientific evidence for the effectiveness of abstinence-only education in delaying the onset of intercourse, although few evaluations of such programs have been conducted (Kirby, 1997). Douglas Kirby, working with the National Campaign to Prevent Teen Pregnancy, reviewed four evaluations of abstinence-only education programs, and found no evidence that these programs are effective at changing behavior (Kirby, 1997). The review examined all studies available at that time which utilized either experimental or quasi-experimental designs, had sample sizes of more than 80 participants, and were published in peer-reviewed journals. None of the evaluations provided evidence that abstinence education delays the onset of intercourse. The review pointed out that since three of these studies had serious methodological limitations and since so few abstinence-only programs have been evaluated, it is not yet possible to conclude that abstinence-only education is ineffective.

While most researchers and educators agree that messages about abstinence and delaying sex are an important component of any teen pregnancy prevention effort, they also agree that abstinence education alone is not enough to change behavior, and may even backfire if the program’s approach is fear-based. The Consensus Panel on AIDS, a panel of researchers convened by the National Institutes of Health (NIH), concluded that an abstinence-only model which teaches that condoms are ineffective "place[s] policy in direct conflict with science and ignores overwhelming evidence that other programs are effective. Abstinence-only programs cannot be justified in the face of effective programs and given the fact we face an international emergency in the AIDS epidemic" (NIH, 1997).

**States’ Abstinence Education Plans**

SIECUS (1997a) reviewed all states’ final applications for abstinence-only education funds, and found that most states are planning to target teenagers and to implement multiple approaches in their uses of these funds. The approaches will include media campaigns, grants to youth and community-based organizations, and grants to schools, school districts, and to local health departments.

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7According to the Alan Guttmacher Institute (AGI, 1997), Congress was initially criticized for failing to require that abstinence-only programs be evaluated, and MCH responded by including the performance measure requirement and recommendations for evaluation in its guidance for applications for abstinence education funds.
Some state officials questioned whether they should apply for abstinence-only funds because of concerns about how to raise the necessary matching funds without diverting state funds from existing teen pregnancy programs that were proven effective (AGI, 1997; SIECUS, 1997c). All states ultimately applied for the funds. Many scientists, advocacy groups and state administrators are concerned that funds designated for TANF pregnancy prevention programs are restricted to abstinence-only programs. Nevertheless, the Alan Guttmacher Institute (AGI; 1997) reports that many states will continue to operate other, more comprehensive efforts to reduce teen pregnancy, in addition to their abstinence-only programs.

Comprehensive Sex Education and Family Planning Under TANF

Evaluations of Comprehensive Pregnancy Prevention Programs

In contrast to the lack of evidence of the effectiveness of abstinence-only education, there is considerable evidence that some family planning services and comprehensive educational programs (which also incorporate abstinence teaching) are moderately effective at reducing pregnancies (Moore, et al., 1995; Kirby, 1997). Child Trends (Moore, et al., 1995) conducted an extensive review of the outcomes of 76 pregnancy prevention programs of all types, and found that the most effective sex education programs provide information about contraception in addition to messages about delaying sexual activity, as well as skill-building and assertiveness activities training geared toward handling peer pressure and negotiating potentially sexual situations. A review of teen pregnancy program evaluations by the National Campaign to Prevent Teen Pregnancy (Kirby, 1997) led to similar conclusions. They reviewed the outcomes of a number of sex education, STD prevention, contraceptive education, and youth development programs, and concluded that the most effective educational programs combined knowledge development with skill building on avoiding social pressures to have sex, and avoiding unsafe sex.

Kristin Moore and her colleagues (1995) also concluded that family planning services, which provide access to contraceptives (and sometimes to abortions), are effective at reducing pregnancies and births. According to Moore (1995), several macro-level studies have found that higher levels of public funding for family planning services are associated with fewer unintended pregnancies and lower birth rates among unmarried teens. The findings regarding the effectiveness of contraceptive education and access to contraceptives are consistent with research indicating that seven in ten adolescent pregnancies occurred when no contraception was being used (Moore et al., 1995). Although the conservative Family Research Council (Hsu, 1995) argues that contraception education increases sexual activity, a review of 13 evaluations of programs that included information about contraceptives found no evidence that any of the programs increased the frequency of intercourse (Kirby, 1997).

Recommendations from Researchers on Teen Pregnancy Prevention

Both Moore et al., (1995) and Kirby (1997) acknowledge that while many programs to prevent teen pregnancy show moderate positive effects, a large number of teen pregnancy programs have not been demonstrated to be effective, either because the programs do not address the root causes of pregnancy or because adequate evaluations have not been conducted. They recommend that high quality experimental and quasi-experimental evaluations be conducted, and that programs address the indirect, but probably fundamental causes of teen pregnancy, such as poverty, lack of opportunity, poor school performance, and family dysfunction, as well as the more immediate antecedents of teen pregnancy, such as inadequate knowledge and limited access to contraceptives. Moore et al. (1995) suggest that to increase their effectiveness, teen pregnancy programs must pay more attention to the role of male adolescents and sexual coercion in leading to early sexual activity among females. They predict that the most promising future interventions will provide access to contraceptive services; promote communication and behavioral skills;
involve peer educators; identify the particular needs of subgroups of adolescents; be rooted in sound theories of behavior change; involve community institutions such as families, schools, and churches; and will conduct program evaluations. In addition, Moore and Sugland (1996) recommend that programs for at-risk youth from disadvantaged backgrounds start before puberty.

The Use of TANF Funds for Family Planning Services

The PRWORA permits states to spend their block grant funds (but not their abstinence-only education funds) on "pre-pregnancy family planning services," which presumably can include the distribution of contraceptives (Levin-Epstein, 1996). Services characterized as "medical", such as abortion services and prenatal care, may not be paid for with federal TANF federal funds [Title I, Sec. 408(a)(6)(B)]. Some states will fund comprehensive sex education programs with TANF monies. For example, New York will transfer $7 million of its surplus TANF monies to the state Department of Health for pregnancy prevention services (CLASP, 1997).

New National Teen Pregnancy Prevention Efforts

HHS National Strategy to Prevent Teen Pregnancy

The PRWORA requires HHS to: 1) develop and implement a strategy to prevent out-of-wedlock pregnancies; 2) to assure that teen pregnancy prevention programs are established in one quarter of the nation's communities; and 3) to report on states' progress towards achieving these goals. HHS must report to Congress no later than June 30, 1998 (and annually thereafter) on the progress they have made to fulfill the federal mandates [Title IX, Section 905(a-b)]. The PRWORA does not allocate funding to HHS for these activities, nor does it define the necessary components of its teen pregnancy prevention programs (AGI, 1996).

In response to these requirements, HHS developed a National Strategy to Prevent Teen Pregnancy, which seeks to provide support to preventative activities around the country, and to promote abstinence among adolescents. The campaign will also take steps to improve data collection, research and evaluation. One of the key principles of the national strategy is that "abstinence and personal responsibility must be the primary messages of prevention programs." As a part of its strategy, HHS launched a public education campaign entitled "Girl Power," which will focus on promoting sexual abstinence among nine to fourteen year old girls, operating primarily through the Department's existing pregnancy prevention programs (U.S. DHHS, 1997).

The National Campaign to Prevent Teen Pregnancy

The National Campaign to Prevent Teen Pregnancy, formed in 1996, is a non-profit, non-partisan initiative with the goal of cutting the nation's teen pregnancy rate by one-third by the year 2005. The campaign operates through a philosophy that teen pregnancy interventions should be based on science, should tolerate the diversity of opinions about best approaches, and should acknowledge that teen pregnancy is a symptom of poverty (as well as a cause). The Campaign works with the media on the issue of teen pregnancy, produces research summaries and reports, supports local prevention efforts, and holds conferences of researchers and media experts.

Sexual Coercion and Statutory Rape Prevention

State TANF plans are required to include language about how the state intends to conduct statutory rape education and training programs, and expand teen pregnancy prevention programs to include men.
States are also encouraged under the PRWORA to enforce stricter statutory rape laws [Title IX, Sec. 906(a)]. The U.S. Attorney General is mandated to establish and implement programs which study the links between teen pregnancy and statutory rape, especially by “predatory older men committing repeat offences,” and to educate state and local criminal law enforcement officials on statutory rape prevention and prosecution [Title IX, Sec. 906(b)(1)]. This is an unfunded mandate; no new money is provided in the PRWORA to assist with either the states’ or the Attorney General’s efforts.

A significant number of teen girls are impregnated by older men, or have unwanted sexual experiences with older men, and such sexual experiences may lead to long-term problems for young women. A study by Laura Duberstein Lindberg et al. (1997), of the Urban Institute, using 1988 data from the National Maternal and Infant Health Survey (NMIHS), found that half of all the 15-17 year old mothers in their sample had children by men who were age 20 or older, and 27 percent involved males who were at least five years older. However, they estimate that only eight percent of all births among 15-19 year-olds in their sample were to unmarried teens ages 15-17, by men at least five years older; these are the incidents that would qualify as statutory rape in most states.

Child Trends’ studies of the 1995 National Survey of Family Growth (NSFG), a survey of 10,847 women ages 15-44, found that 12 percent of 15-19 year old girls had sex for the first time with men who were five or more years older. Of these, 37 percent said that their first sexual encounter was unwanted. The study also found that the younger the girls were at the time of their first sexual experience, the greater the likelihood that the encounter was unwanted (Moore & Driscoll, 1997). The 15-19 year olds whose first sexual partners were five or more years older were twice as likely to give birth in their teen years, compared to girls whose first partners were closer to their own age. This may be because the greater the age difference between partners, the less likely the couple was to have used contraception during the girl’s first sexual experience. Only sixty-six percent of teen girls who are five years or younger than their first sexual partners used contraception during their first sexual experience, compared to 81 percent of girls who first had intercourse with a partner one to two years older (Moore, et al., 1997; Moore & Driscoll, 1997).

Supporters of stricter statutory rape laws expect that adult men will avoid sexual involvement with female minors if they believe it will result in prosecution and severe punishment (Donovan, 1997). While this may be true, stricter statutory rape laws will not be enough to end coercive sexual behavior directed toward girls by older males. Since many coercive encounters would not technically qualify as statutory rape under the law (Lindberg et al., 1997), educational efforts for both males and females aimed at reducing coercion may be more effective. According to Jodie Levin-Epstein (1997) at the Center for Law and Social Policy (CLASP), 29 states indicated in their plans that they would conduct statutory rape education programs, utilizing a range of approaches. Other states were not specific in describing how they would carry out statutory rape education.

**Statutory Rape Prevention: State Action**

While most states suggested in their state plans that they would primarily use educational programs to prevent statutory rape, others described plans for increased efforts to identify and punish statutory rape offenders. Some of these programs were implemented prior to the passage of the PRWORA. Since 1995, California has allocated $8.4 million to fund the Statutory Rape Vertical Prosecution Program (in which one prosecutor tracks a specific case throughout the judicial process), and to support the prosecution of statutory rape cases (Levin-Epstein, 1997). An annual report from the Violence Against Children Branch (VACB) that administers the program will be released in January 1998, and may include an impact analysis (VACB, 1997). California has also enacted the Teenage Pregnancy Prevention Act of 1995 to fine statutory rape offenders $2000-$25,000, depending on the age difference between the partners. As of January 1,
1997, these penalties were increased (Donovan, 1997). In addition, in its state plan, Delaware referred to the Sexual Predator Act of 1996, which increased sentences for adults convicted of having sexual intercourse with children younger than 14, and doubled the penalty for adults convicted of having sexual intercourse with adolescents ten or more years younger than themselves (Donovan, 1997).

**Family Cap/Child Exclusion Policies**

Families receiving cash benefits under the former AFDC program were entitled to receive additional benefits each time a child was born, unless the state had been granted a waiver which permitted denial of additional benefits. Prior to TANF, the median incremental increase in monthly benefits which accompanied the birth of a second child was $77 (U.S. Committee on Ways and Means, 1996). The PRWORA does not provide states with any guidelines regarding incremental benefit levels, and states now have the authority to introduce a "child exclusion" policy, also known as a family cap, which excludes from the calculation of the family cash grant any additional children born to TANF recipients, or reduces the amount of benefits to additional children. As of November 20, 1997, 21 states had approved family cap policies, including partial benefit reductions, in their TANF plans (National Governor's Association, 1997). States may now, without federal approval, establish, amend, or delete family cap policies in their TANF plans.

Child exclusion legislation is motivated by the assumption that incremental increases in benefits are an incentive for welfare recipients, the majority being unmarried, to have more children. However, several studies and extensive research reviews indicate that higher benefit levels do not increase nonmarital births among welfare recipients (see Acs, 1996; Hoffman & Foster, 1997; Fairlie & London, 1997). After reviewing ten studies which used longitudinal data from the Survey of Income and Program Participation (SIPP), the National Longitudinal Survey of Youth (NLSY) and the Current Population Survey (CPS) to analyze welfare receipt and nonmarital childbearing, Gregory Acs (1995) concluded that out-of-wedlock births are actually more common in states with lower benefit levels.

Some have suggested that denying welfare benefits to mothers who have children while receiving assistance has the potential to increase abortions among the welfare population (Appleton, 1996). Since only 16 states pay for abortions for poor women (other than cases of rape, incest or life endangerment, which are paid for by Medicaid), it will be difficult to accurately measure the effect of family cap policies on abortion rates among public assistance recipients (National Abortion Rights Action League (NARAL), 1997). However, Laura Argys of the University of Colorado, and her colleagues, in an analysis of NLSY interviews of 1,168 unmarried AFDC recipients, found that benefit levels for additional children have no effects on abortion rates (Argys et al., 1997).

**State Evaluations of Family Cap Policies**

New Jersey and Arkansas are the first two states to produce studies on the impacts of child exclusion policies.8 Both evaluations indicate that the family cap had little or no effect on recipients' childbearing decisions, or their birth rates.

The evaluation of New Jersey's Family Development Program (FDP), a welfare demonstration project begun in 1992, is being conducted by Michael Camasso of Rutgers University and his colleagues.

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8 Prior to the signing of the PRWORA, states were required by the federal government to study the effects of welfare waiver demonstration projects. There is no longer any requirement that such studies be completed. For example, Wisconsin abandoned its evaluation of the child exclusion program in mid-stream once it terminated its waiver under TANF.
for the New Jersey Department of Human Services (DHS). The FDP denies increased benefits to mothers who had additional children more than ten months after applying for aid. According to DHS, 20,000 newborns in New Jersey have been denied welfare benefits since August 1993. The first results reported from this study reflect the difference in birth rates between 3,275 recipients in the treatment group who were subjected to the family cap, and 1,605 recipients in the control group who received incremental increases from August 1993 through July 1994. During the first year of the program, birth rates in the treatment group (6.9 percent) did not differ significantly from those in the control group (6.7 percent), suggesting that the child exclusion policy did not have its desired effect in reducing births. Because the outcomes were measured after the first year of the program, and any pregnancy that occurred in that period could only be measured nine months later, the preliminary results reflect only those pregnancies that occurred in the first four months of the program. However, these results do refute former New Jersey Governor Jim Florio's unsubstantiated claim in July 1994 that the family cap had resulted in a 16 percent decrease in births among the AFDC population (Laracy, 1997; Camasso et al., 1996).

From July 1994 to June 1997, the University of Arkansas at Little Rock School of Social Work evaluated the Arkansas Welfare Waiver Demonstration Project (AWWBP), which began in 1994. For the evaluation, 4,345 AFDC recipients from ten counties were randomly assigned to two groups. The benefits to the experimental group were restricted by a child exclusion policy, and this group received more family planning information and services; the control group continued to receive $42 per month in AFDC benefits for each additional child. Evaluators found that the birth rate of the experimental group (.19 births per 182 women) was not significantly different than the birth rate of the control group (.16 per 184 women) during the study period. The results indicate that neither the family cap nor the family planning information reduced births in the experimental group. The ineffectiveness of the family cap component of the study mirrored women’s self-reports of their attitudes. In a follow-up survey of the entire sample of fertile women, 94 percent of the experimental group mothers and 82 percent of the control group mothers said that the level of welfare benefits would not influence their decision to have another child. In addition, more than 95 percent of the control group and 100 percent of the experimental group said that they would not base their decision to become pregnant on additional AFDC, Medicaid or Food Stamp benefits (University of Arkansas, 1997).

Family Cap Policies Challenged in Court

Child exclusion/family cap laws are being challenged in Indiana and New Jersey in state court class actions brought by welfare recipients and their children. On May 22, 1997, the Indiana Civil Liberties Union filed a complaint arguing that the state policy violates plaintiffs' federal constitutional right to family integrity and privacy; that it penalizes children for their parents' behavior, which violates federal and state constitutional due process requirements; and that the voucher system (which provides recipients with one-half of the amount they would have received without the cap) was not properly implemented, thereby violating federal and state due process requirements (Welfare Law Center, 1997).

In New Jersey, the NOW Legal Defense and Education Fund (NOW LDEF), the American Civil Liberties Union of New Jersey, and the New Jersey law firm of Gibbons, Del Deo, Dolan, Griffinger and Vecchione are representing the 20,000 children born after the cap was implemented, as well as their mothers. Citing violations of equal protection under the state constitution, the suit argues that two classes of children are being treated differently, based exclusively on the timing of their births. It also claims that the policy violates women's state constitutional right to privacy by interfering with their reproductive choices. In addition, the suit argues that family cap policies make it difficult for impoverished recipients to
care for their children and encourages recipients to place their excluded children in the care of other relatives rather than keep them at home (NOW LDEF, 1997).

**Other Possible Negative Effects of Family Cap Legislation**

States with a family cap may see the policy as a cost-saving measure, but opponents of the policy argue that the incremental increase in benefits which normally accompanies the birth of a child is too small to significantly affect program expenditures or to be a factor in a woman's decision to have another child (NOW LDEF, 1996b; Center for Budget and Policy Priorities, 1995). However, the financial loss to families receiving TANF could result in poor nutrition, serious health problems, and inadequate housing, among other negative effects (NOW LDEF, 1997). Moreover, unmarried battered women who have few or no resources could potentially be forced by the child exclusion policy to stay with their abusers during and after a pregnancy (NOW LDEF, 1996a). In addition, there is concern that in states where children born as a result of rape are exempt from the child exclusion rule, the term “rape” may be too narrowly defined, possibly failing to include marital and acquaintance rape (NOW LDEF, 1996a).

**Conclusion**

The welfare reform legislation of 1996 will have a significant impact on teen pregnancy prevention programs, the availability of benefits for poor children in family cap states, access to reproductive health services for immigrant women, and may have an impact on the availability of abortion for low-income women. Some campaigns and initiatives are being developed to help citizens influence the new public policies. For example, SIECUS (1997b) has developed guidelines for advocates and researchers to monitor states' abstinence-only plans. Future advocacy efforts may focus on enlisting public support for the use of surplus TANF funds for innovative, comprehensive teen-pregnancy prevention programs, and the use of federal monies to provide reproductive health care services to more legal immigrants. Researchers and advocates can help improve programs by encouraging local, state and multi-state scientific evaluations of abstinence-only education programs, family cap policies, statutory rape prevention programs, and new comprehensive teen pregnancy prevention efforts.

**Research and Policy Questions**

- Will the competition for bonuses that reward decreases in out-of-wedlock births influence state policies and legislation related to abortion?
- How will family cap policies be evaluated and what will the impact be on fertility and on family poverty?
- Will the requirement that teen mothers live in supervised settings result in more marriages between teens and older men? If so, what proportion of these relationships will have originated with coerced sex?
- In order to raise matching funds for abstinence-only education programs, will states divert funds from comprehensive teen pregnancy prevention programs?

**Resources for Reproductive Issues Related to Welfare Reform**

*Alan Guttmacher Institute.* Washington office: 1120 Connecticut Ave., N.W., Suite 460, Washington, DC 20036; Tel. (202) 296-4012; Fax. (202) 223-5756; e-mail: policyinfo@agi-usa.org. New York office: 120 Wall Street, New York, NY 10005; Tel. (212) 248-1111; Fax. (212) 248-1951; e-mail: info@agi-usa.org. Website: http://www.agi-usa.org.
Child Trends. 4301 Connecticut Ave., NW, Washington, DC 20008; Tel. (202) 362-5580; Fax. (202) 362-5533; E-mail: webmaster@childtrends.org; Website: http://www.childtrends.org/.

Girl Power! The National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20847-2345; Tel. 1-800-729-6686, (301) 468-2600; Fax. (301) 468-6433; TDD: 1-800-487-4899; E-mail: gpower@health.org. Website: http://www.health.org/gpower/. Se Habla Español. NCADI is a service of the Substance Abuse and Mental Health Services Administration, a division of the U.S. Department of Health and Human Services.

National Campaign to Prevent Teen Pregnancy. 2100 M Street, NW, Suite 300, Washington, DC 20037; Tel. (202) 857-8655; Fax. (202) 331-7735; Website: http://www.teenpregnancy.org.

NOW Legal Defense and Education Fund. 99 Hudson St., 12th floor, New York, NY 10013; Tel. (212) 925-6635; Fax. (212) 226-1066.

Planned Parenthood of New York City is sponsoring "Mapping the Future of Choice," an interactive convention to create a plan for improving and securing reproductive rights in the future. The convention will take place at the Sheraton New York Hotel and Towers on Wednesday, January 21, 1998. For more information, visit http://www.pppnyc.org.

Sexuality Information and Education Council of the United States (SIECUS). 1711 Connecticut Ave., NW, Suite 206, Washington, DC 20009; Tel. (202) 265-2405; Fax. (202) 462-2340; E-mail: siecus@siecus.org; Website: http://www.siecus.org/. The September 1997 Advocates Report suggests steps that advocates can take to monitor the state abstinence-only programs and funding.

Welfare Law Center. 275 Seventh Avenue, Suite 1205, New York, NY 10001-6807; Tel. (212) 633-6967; Fax. 212-633-6371; e-mail: HN0135@handsnet.org.

This newsletter was written by Research Fellow Johanna Finney, Study Director Barbara Gault, and Research Intern Monica Hobbs of the Institute for Women’s Policy Research. Thank you to Martha Davis of NOW LDEF, Tamara Kreinin of the National Campaign to Prevent Teen Pregnancy, Jodie Levin-Epstein of CLASP, and Jeremy Meadows of NCSL who reviewed the draft and provided helpful suggestions. "IWPR Welfare Reform Network News" is a part of IWPR’s project, Coordinating Nationwide Research Efforts on Welfare Reform, which seeks to develop partnerships and networks among researchers, service providers, advocates, and policy makers and to establish coordinated welfare reform research on issues of particular importance to women. This project is funded by the Annie E. Casey Foundation, the Joyce Foundation, the Charles Stewart Mott Foundation, and the John D. and Catherine T. MacArthur Foundation.

This is the FINAL ISSUE of IWPR’s Welfare Reform Network News. We will continue this series in the form of welfare reform research and policy briefs, which will be distributed to the same subscribers. All Welfare Reform Network News issues can be found on our website at http://www.iwpr.org/WRNN.HTM, or requested from Johanna Finney at (202) 785-1921. The following is a complete list of Welfare Reform Network News issues:

<table>
<thead>
<tr>
<th>Issue No.</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. 1</td>
<td>IWPR’s Welfare Monitoring Project and Summary of Welfare Reform, December 18, 1996</td>
</tr>
<tr>
<td>No. 2</td>
<td>Work and Welfare Reform, January 24, 1997</td>
</tr>
<tr>
<td>No. 3</td>
<td>Multistate Welfare Monitoring Projects, February 20, 1997</td>
</tr>
<tr>
<td>No. 4</td>
<td>Domestic Violence and Welfare Reform, March 31, 1997</td>
</tr>
<tr>
<td>No. 5</td>
<td>Workfare, April 30, 1997</td>
</tr>
<tr>
<td>No. 6</td>
<td>Child Care, May 30, 1997</td>
</tr>
<tr>
<td>No. 7</td>
<td>Update on Multistate Welfare Monitoring Projects, June 30, 1997</td>
</tr>
<tr>
<td>No. 8</td>
<td>Job Availability, July 31, 1997</td>
</tr>
<tr>
<td>No. 9/10</td>
<td>Education and Job Training Under Welfare Reform, August/September 1997</td>
</tr>
<tr>
<td>No. 11/12</td>
<td>Reproductive Issues, October/November 1997</td>
</tr>
</tbody>
</table>
Welfare-Related Resources


The Women and Poverty Public Education Initiative has released In Their Own Words: Mothers’ Perspectives on Welfare Reform, a report of survey responses collected from 740 low income women in nine areas of Wisconsin. The women were asked reform, future hopes and plans, moving out of poverty, living wage job open-ended questions about welfare, child care, education, and barriers to self-sufficiency. Copies of the report are available by contacting the Initiative at 1608 West River Dr., Stevens Point, WI 54481; Tel. (715) 345-5208; Fax. (715) 345-5219.

The Research Forum on Children, Families, and the New Federalism, (a part of the National Center for Children in Poverty and the Columbia School of Public Health), has created a user-friendly, on-line database to synthesize and disseminate research about welfare reform and its effects on low-income families and children. The database has more than 30 up-to-date summaries of welfare reform research projects. Access the database on-line at http://www.researchforum.org, or contact Ellen Berrey, Program Coordinator, at 154 Haven Avenue, New York, NY 10032; Tel. (212) 304-7150; Fax. (212) 544-4200; E-mail: info@researchforum.org.


IWPR’s Welfare Monitoring Listserv

As a part of its project to coordinate welfare research, IWPR manages a listserv (electronic bulletin board) which is devoted to the discussion of welfare reform. This listserv provides a daily forum for more than 550 researchers, students, welfare recipients, advocates, administrators, policy makers, and service providers to discuss and share information on research and policy issues related to welfare reform. Information such as calls for papers, conference information, fact sheets, and legislative updates are also posted to the listserv.

You can subscribe to the list by sending the following command to the listserv address, at listserv@american.edu:

SUBSCRIBE WELFAREM-L Your Full Name

Use your full name, not your e-mail address. The listserv software can read your e-mail address automatically.

When you sign up you will receive a welcome message providing further instructions for the listserv. Past messages are stored in the WELFAREM-L archive files. They can be viewed on the web at http://listserv.american.edu/archives. For more information on the listserv, contact Johanna Finney at finney@www.iwpr.org.
References


1997. Press release "NOW LDEF and ACLU File Landmark Lawsuit in New Jersey State Court on Behalf of 20,000 Poor Children."


Violence Against Children Branch. 1997. *Statutory Rape Vertical Prosecution Program*. Available at: http://www.ojcp.ca.gov/statrape.html. Contact Cheryl Mouras Ashby at VACB: 1130 K St., Ste. 300, Sacramento, CA 95814; Tel. (916) 323-7449; e-mail vac@ojcp.ca.gov.
