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# Abortion costs, sexual behavior, and pregnancy rates

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## Abstract

This paper empirically examines the question: Do the direct (price) and indirect (restrictive abortion laws) costs of obtaining an abortion have an impact on the likelihood of women becoming pregnant? Using the economic model of fertility control, the empirical results find that increases in the real price of obtaining an abortion cause a statistically and numerically significant decrease in the pregnancy rate of all women of childbearing age (15–44 years) and teens (ages 15–19). A state parental involvement law is also found to decrease the pregnancy rate of all women of childbearing age and an even numerically larger decrease for teens. A state Medicaid funding restriction of abortion, waiting period law, and mandatory counseling law do not have a statistically significant impact on the pregnancy rate of either group. Taken together the empirical results are consistent with the hypothesis that women's sexual behavior is influenced by the direct and indirect cost of obtaining an abortion.

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## 1. Introduction

The USA Supreme Court's 1973 *Roe v. Wade* decision held that, prior to fetal viability, a woman has a constitutional right to obtain an abortion. What is noteworthy about the *Roe v. Wade* decision is that while it established a woman's right to have an abortion, the decision did not mandate a woman's unrestricted access to an abortion. In the ensuing years after the *Roe v. Wade* decision other Supreme Court rulings gave states the discretion to restrict a woman's access to an abortion provided that the restriction did not constitute a substantial obstacle. Many states did, in fact, enact various restrictive abortion laws resulting in substantial interstate differences in a woman's ability to obtain an abortion. There are four types of restrictive abortion laws that have been adopted by states and ruled to be constitutional by the U.S. Supreme Court.

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In 1976, the U.S. Congress passed what has become known as the Hyde amendment, that prohibited the federal Medicaid government program, which provides health insurance to the poor, from using federal funds to pay for abortions. Abortion funding for low-income women was left to the discretion of each individual state. Many states voted to ban the use of their public funds to pay for Medicaid abortions for indigent women.

Parental involvement laws require a parent be notified or give permission before an unmarried minor may obtain an abortion. A parental involvement law is permitted provided a state has a judicial bypass provision that allows the unmarried minor to petition a judge for permission to obtain an abortion.

Since 1992, some states have enacted and enforced mandatory waiting period laws. Waiting period laws require that all women seeking an abortion must wait a specified time period (usually 24–48 h) before the procedure can be performed. Many states also require that a woman receive mandatory counseling before the abortion. Mandatory counseling laws require that a woman receive (and in some cases pay for) state mandated informational material about the abortion procedure. Typically the material includes information about health risks, fetal development, adoption agencies, and the availability of financial assistance.

All four state restrictive abortion laws increase the effective total cost (the direct and indirect costs) to a woman of obtaining an abortion. The direct cost to a woman of obtaining an abortion is the price of the abortion procedure. The indirect costs of restrictive abortion laws are the financial costs (e.g., lost work time, more visits to a provider, travel expenses) and emotional costs (e.g., guilt, shame, regret) incurred by a woman in complying with a restrictive abortion law. Restrictive state abortion laws make it more difficult and costly for a woman to obtain an abortion.

The interstate variations in restrictive abortion policies provide researchers the opportunity to address the question of what effect the direct and indirect costs of an abortion have on the pregnancy resolution decision. Most researchers have used the economic model of fertility control developed by [Becker \(1960\)](#) and extended by [Michael \(1973\)](#) that emphasizes the decision-making process in which a pregnant woman compares the costs and the benefits of having a child in making the pregnancy resolution decision. In general, the literature has found empirical support for various basic economic hypotheses: abortion follows the fundamental law of demand, is a normal good (increases) with respect to income, and the greater the opportunity cost of a woman having a child the greater the abortion demand ([Medoff, 1988, 1998](#)).

An equally important, though largely unexamined public and social policy question is: Do the direct and indirect costs of an abortion affect women's risky sexual behavior? Do higher abortion costs affect women's decisions about their frequency of sexual contact and/or contraceptive use?

Studies that use individual-level survey data on sexual activity to examine this question suffer from several methodological shortcomings. First, self-reported survey data on sexual activity is notoriously unreliable. Considerable measurement error exists in the responses to a sex survey due to untruthful, incorrect, exaggerated, and unreliable answers to intimate questions about a personal and private area of one's life. Second, typically survey data contains very little information about an individual's personal characteristics, particularly economic information. Third, most sex surveys only ask respondents if they were, or were not, sexually active and ignore the frequency and regularity of sexual activity.

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