

**Chapter 1 : The impact of an abortion on the future fertility of a woman**

*legalization and lifecycle fertility, others have explored the determinants of lifecycle fertility more generally. Analyses of the distinction between fertility timing and completed fertility have.*

Wade decision that legalized abortion in the United States. If a reversal of Roe v. Wade were to occur, it would return the legal status of abortion to the states. A careful accounting of the impact of reversing Roe requires understanding the effects Roe had in the first place. A starting point for any such discussion is to consider the impact of abortion legalization on U. The legalization of abortion reduced births in the U. As a result, it altered the pattern of living circumstances and subsequent life outcomes of the population of children born after abortion became legal. By the time Roe came along, millions of women already had access to legal abortion in five states. Before the Roe v. Wade decision, abortion had already been legalized three years earlier in New York, Washington, Alaska, and Hawaii through legislation, and in California abortions were legal as a result of a state Supreme Court decision. Women in those states had access to legal abortions as did the large number of women who crossed state lines to obtain legal abortions prior to the Roe decision. I cover this history and its impact in greater detail in *Sex and Consequences: Abortion, Public Policy, and the Economics of Fertility*. Access to legal abortion reduced the number of births per woman in the United States. In order to determine the impact of legalizing abortion on number of births, it is important to differentiate its effect from other factors that were contributing to declines in fertility – such as changes in the availability of contraception, shifts in social attitudes and improved labor market opportunities for women. In past research, I have compared patterns in birth rates across the states that legalized abortion early relative to those that legalized via the Roe decision to estimate its impact. Differences in birth rates between those two groups of states were relatively stable in the 1960s, when abortion was largely illegal in the entire country see chart. In the 1970s, however, birth rates dropped by around 5 percent in those five states that had legalized abortion relative to the other states. In the 1980s, after the Roe decision was handed down, that difference was reversed as birth rates fell in states where abortion had just become legal perhaps with a bit of a time lag as abortion facilities did not appear instantly and then it stabilized once again. Recognizing the nine-month lag between conception and birth, this pattern supports the conclusion that abortion legalization reduced birth rates in the United States in the 1970s. Based on these calculations, we estimate that roughly 1.5 million fewer births occurred annually because of the Roe decision. The impact on births differed by demographic group. This estimate masks tremendous variation in the impact of Roe across demographic groups. Births to teens and to black women fell by around 12 percent data are not available to study Hispanic women separately during that period. Births to women between 35 and 44 fell at a rate twice the national average and the impact on unmarried women was twice as great as it was for married women. Interstate travel to obtain an abortion was common prior to Roe. Using similar research methods, I found evidence that births among women living in states near those that offered legal abortions declined much less in response to Roe because, in effect, many of them already had access to legal abortion via travel. If abortion were legal in New York, then access to abortion would be available to many women in New Jersey and Connecticut, limiting the impact of the Roe decision in those states. In Texas, however, travel to a legal abortion provider prior to Roe would have been far more difficult. Changes in abortion policy today may not have the same effect. Certainly, the world is a different place today than it was 45 years ago, and this makes it difficult to draw sharp parallels with past experience. For instance, long-acting contraception did not exist and it is now becoming more popular. Air travel is also much cheaper after adjusting for inflation than it was in the era of a regulated airline industry. Wade were reversed, the legality of abortions would vary from state to state. Some states are more likely to outlaw abortion but several others would likely maintain its legality. The Center for Reproductive Rights categorizes states according to their likelihood of outlawing abortion if Roe v. They report that the legal status of abortion is less likely to change in 20 states including DC; the others are mainly in the Northeast, Florida, and the West, is moderately likely to change in 8 states scattered – Illinois, North Carolina, Colorado, New Hampshire, and others, and highly likely to change in 24 states mainly in the South, Midwest, Central, and Mountain states. Thus, even if all the other 31 states

outlawed abortion, the estimated increase in births extrapolating from the pre-Roe v. Wade experience would likely be well under , per year. If lessons from the past hold, we would expect that reversing Roe v. Wade would have differential effects by region and demographic group. Geographically, the change would have a greater effect on women who live furthest from a legal abortion state and those of lower economic means in those states would be particularly affected because of the greater cost of travel. Demographically, if the factors at play in the s are still current, we would expect the same groups who experienced larger reductions in births when abortion was legalized would face larger increases in births if it were outlawed. This would include teens, older women of childbearing age, unmarried women, and black women. Lower-income women would also likely experience a greater impact from the policy change. The characteristics of children born would likely change. Births averted in the presence of legal abortion are also not representative of all births. Evidence shows that those children who were not born as a result of abortion legalization in the early s would have been more likely to die as an infant, grow up in a lower income, single parent household, or receive public assistance see here. When those children grew up, they would have acquired less education and been more likely to receive welfare and be single parents see here. Presumably outlawing abortion now would increase the incidence of these outcomes. Wade were reversed and states were allowed to set their own abortion policies. The more states that keep abortion legal, the smaller would be the impact on births. If the patterns that were present in the s when Roe v. Wade legalized abortion at the national level continue to hold, those children are more likely to be born to unmarried women, teens, older women, and black women. They will have different living circumstances in childhood and later life outcomes compared to those children who will be born regardless of the policy change.

**Chapter 2 : Fertility Effects of Abortion and Birth Control Pill Access for Minors**

*The earlys abortion legalization led to a significant drop in fertility. We investigate whether this decline represented a delay in births or a permanent reduction in fertility. We combine Census and Vital Statistics data to compare the lifetime fertility of women born in early-legalizing.*

Whilst abortion is anathema to many it is also for some a physiological and possibly even a psychological necessity. Regardless of the circumstances surrounding an abortion, it is likely that many women and couples will want to know if their future fertility will be affected by it. Some studies have shown a small increase in the risk of having a miscarriage or pre-term delivery in a future pregnancy following an abortion. This is usually caused by cervical incompetence the cervix being unable to close tightly during pregnancy. The risk of cervical incompetence does increase according to the number of abortion procedures undertaken. Despite the claims of some people there is no evidence that an abortion will cause infertility, stillbirths, ectopic pregnancies or birth defects. However, there is a risk of infertility arising from any subsequent infection, especially when the reproductive organs become infected and are not promptly and correctly treated. Infection in the fallopian tubes could lead to scarring and blockage of the tubes. This would mean that the female gamete ovum would be prevented from moving into the uterus. The increased incidence of Chlamydia, which is a sexually transmitted bacterial infection, is known to cause fertility issues for women. Undergoing an abortion whilst suffering from the presence of Chlamydia in a woman would increase the risk of a post-abortion infection and, therefore, the risk of infertility. At this the doctor will check for any post-abortion complications. Obviously, following an abortion, if the woman feels uncomfortable about any aspect of her health she should contact her doctor immediately. Following an abortion, experts now no longer consider it necessary for a woman to undergo a few menstrual cycles before trying to conceive. For a woman who uses a chemical form of contraception after an abortion there is no reason why her fertility should not return to normal as soon as that contraception ceases. Of course, some chemical forms of contraception can take a while for their effects to wear off. The main risks during an abortion are; haemorrhaging heavy bleeding occurring in 1 in 10 abortions, cervical damage occurring in up to 10 in 100 abortions and womb damage. Womb damage occurs in up to 4 in 100 abortions, but it falls to 1 in 100 for mid-trimester abortions. To say there are no risks involved with fertility following an abortion would obviously be false. However, the few risks that there are must be considered along with the risks to a woman of continuing with an unwanted pregnancy or one that is dangerous to her health. Only the woman concerned can assess the risks and reach for herself a balanced conclusion.

**Chapter 3 : Abortion Legalization and Lifecycle Fertility**

*Abortion legalization in the early s led to dramatic changes in fertility. Some research has suggested that it altered cohort outcomes, but this literature has been limited and controversial.*

Open in a separate window Notes: Robust standard errors taking account of clustering at the state level are shown in parentheses. Regressions are weighted by population for each state-year-age cell. Each column in each panel represents a different regression. Because of space constraints, the coefficient estimates for the other variables are not reported. Access to the Pill Pillsat is associated with a 8. In the baseline specification, no statistically significant relationship is found for nonwhites. This could attenuate the estimated relationship between births and access in the current analysis. To address this issue, I first perform the analysis using only births to unmarried women to construct birthrates. These results column 2, Table 3 show that abortion access is associated with a larger decrease in the nonmarital birthrate Access to oral contraceptives is not measured with statistical significance. Next, I examine first births column 3, Table 3. There is weak evidence that access to the Pill decreases first birthrates for whites. However, no other conclusions can be drawn. This leads to the next specification. If the group of women most likely to have been affected by any law changes is unmarried women having first births, then the estimate for each policy variable should be least attenuated for this group. All estimates based on second or higher-order births are statistically insignificant column 5, Table 3. A test of the null hypothesis that there are no differences by race indicates that when differences do exist, both access to abortion and access to the Pill have a larger more negative relationship with birthrates for whites than nonwhites. Robustness Checks The results from the baseline specification are compared with regressions performed on monthly data, regressions in which the dependent variable is measured in levels rather than logs, and regressions performed without weighting by population. The specification also includes month fixed effects. Estimates obtained from monthly data are reported in column 6 Table 3. The estimates for abortion access are slightly higher than those found in the baseline regression, which supports a measurement error explanation. The estimate for oral contraceptives is not statistically significant, which is a finding that I discuss in more detail later within this article. Columns 7 and 8 Table 3 report results from unweighted regressions and regressions in which birthrate is measured in levels rather than in logs. From these three robustness checks, the finding that abortion access is associated with a decrease in birthrates is supported. However, these robustness checks reveal that the estimated relationship between access to the Pill and birthrates is more tenuous. Among whites, access to oral contraceptives is also negatively related to birthrates. These results indicate that granting minors access to these means of reproductive control has an impact on birthrates above and beyond any impact that changes in adult access laws have. The magnitude of the coefficient estimates is meaningful from a policy perspective. The coefficient estimates for access to oral contraceptives are generally smaller in magnitude than those for abortion access. One reason that the estimated relationship between access to the Pill and birthrates is smaller in general is that oral contraceptive technology is inherently different from abortion technology. To avert a birth, abortion requires a one-time action, whereas taking the Pill requires continual action. Because of technological differences, gaining access to the Pill may produce a fuzzier break in the birthrate trend than gaining access to abortion. These two features of oral contraceptive technology may work together to attenuate any observed relationship between access to the Pill and birthrates. When performing policy analysis, ignoring other factors that may be correlated with the policy change such as state-specific trends could bias estimates. To mitigate this potential source of bias, unrestricted, state-year fixed effects are incorporated into the model. Taken together, results presented in this article indicate that abortion access has a slightly larger estimated impact on birthrates than oral contraceptive access; that the magnitude of these results are meaningful; and that the group most affected by these changes are unmarried women experiencing a first birth. Miller, Marianne Page, and Ann Stevens for insightful feedback on earlier drafts of this article. Any remaining errors are my own. An existing body of literature develops the economic theory of fertility and provides more technical detail see, e. When the cost of the Pill and of abortion change simultaneously, the predicted impact on the birthrate is theoretically ambiguous and depends on a the

cost of abortion relative to the cost of giving birth; b the cost of the Pill relative to its expected decrease in the probability of pregnancy; c the distribution of these costs across the population. Bailey and Goldin and Katz discussed the legal environment related to the Pill more extensively. The age at which a minor could have obtained the Pill without parental involvement is, in some states, the same age at which a minor could obtain other less-effective forms of contraception without parental involvement. In this article, access to the Pill can be thought of as access to contraception. Therefore, the interpretation of any results in this article could be construed more broadly as access to contraception rather than simply the birth control pill. DHEW discussed the timing of legalized abortion in detail. In this article, I assume the following timing: Alternatives to the timing used in these definitions of the policy variables are discussed later in the article. These standard errors are computed using the cluster command in Stata version 9. Including state annual crime rate, unemployment rate, and state income per capita rather than state-year fixed effects yields results that are similar to those in the baseline specification. The magnitude and significance of the Pill and abortion estimates do not change appreciably when they are estimated in separate regressions, rather than in the same regression. I am grateful for an anonymous referee who suggested this approach. Ananat EO, Hungerman D. Demographic and Economic Change in Developed Countries. Princeton University Press; A Treatise on the Family. Harvard University Press; Bitler M, Zavodny M.

## Chapter 4 : Abortion Legalization and Life-Cycle Fertility

*Abstract. The earlys abortion legalization led to a significant drop in fertility. We investigate whether this decline represented a delay in births or a permanent reduction in fertility.*

## Chapter 5 : The Impact of Roe v. Wade on American Fertility | Econofact

*Get this from a library! Abortion legalization and lifecycle fertility. [Elizabeth Oltmans Ananat; Jonathan Gruber; Phillip B Levine; National Bureau of Economic Research.] -- "Previous research has convincingly shown that abortion legalization in the early s led to a significant drop in fertility at that time.*

## Chapter 6 : EconPapers: Abortion Legalization and Lifecycle Fertility

*Downloadable! Previous research has convincingly shown that abortion legalization in the early s led to a significant drop in fertility at that time. But this decline may have either represented a delay in births from a point where they were have represented a permanent reduction in fertility.*

## Chapter 7 : Abortion: Does it affect subsequent pregnancies? - Mayo Clinic

*Abortion Legalization and Life-Cycle Fertility Created Date: Z.*

## Chapter 8 : Project MUSE - Fertility Effects of Abortion and Birth Control Pill Access for Minors

*life-cycle fertility. Specii-cally, Ananat et al. () i-nd that abortion legalization not only enabled better control of fertility timing, but that it also had a lasting impact by reducing.*

## Chapter 9 : EconPapers: Abortion Legalization and Life-Cycle Fertility

*Previous studies examining the impact of abortion legalization on birthrates have not recognized that at the time of abortion legalization, minors' access to abortion was limited by parental involvement laws in some U.S. states; and these studies have not considered the impact of a minor's access to the birth control pill (Levine ; Levine et al. ).*