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Missives From the Front Lines in the <mark>War on Poverty</mark>

In the decade after War on Poverty legislation was proposed in 1964, U.S. poverty levels plummeted, but little is known about the long-term effects of the initiative. Now, one economics professor is examining the programs dedicated to family planning and health policy. Did they work then, and what does that say about related programs today?

FEW SOCIAL PROGRAMS IN U.S. HISTORY LOOM

larger than President Lyndon B. Johnson's War on Poverty. Launched in the social-domestic cocktail mix known as the 1960s, the War on Poverty introduced programs such as Medicaid and Medicare in an effort to boost opportunity by reducing poverty.

One large and contested tenant of the reduce poverty/increase opportunity formula was the introduction of federal funding for family planning. This began in 1964 as part of the Economic Opportunity Act, the heart of the War on Poverty, and continued in 1970 under Title X of the 1970 Public Health Service Act, under President Richard Nixon.

These programs were controversial at the time, especially paying for women to use the newly introduced birth control pill. And even today, controversy tinges some aspects of federal funding for family planning programs.

So, looking back on this big step in domestic policy, one must ask: Did it work? Did family planning funding reduce fertility rates and the size of families? Did poor women, by having fewer children, end up with more money and more time to improve their lives and those of their children?

The answers, in short, are yes, and, we don't know. These are the conclusions of a study by Martha Bailey, assistant professor in LSA's Department of Economics. The study, titled, "Reexamining the Impact of Family Planning Programs on U.S. Fertility: Evidence from the War on Poverty and the Early Years of Title X," was published in the April 2012 issue of the *American Economic Journal: Applied Economics*.

The study's central conclusion was that from 1964 to 1973, among the populations the federal funding served, the overall birth rate dropped by just under two percent — but a whopping 19 to 30 percent among poor women.

"Surprisingly, 50 years out, social scientists know little about many of the programs begun in this era," says Bailey, whose research focuses on "revisiting the long-run effects of War on Poverty programs." These programs, she says, "redefined U.S. social and health policy. The architects of the War on Poverty thought that family planning programs were integral to reducing poverty, and

20th August 1964: President Lyndon B. Johnson smiles as he holds up the War on Poverty Bill after he signed it into law at the Rose Garden of the White House, Washington, D.C.

would promote opportunities among poor women and their children.

"Whether or not these programs succeeded seems key to the current policy debate about funding Title X."

Using a quasi-experimental, econometric analysis, Bailey studied county data from Vital Statistics birth records over a 30-year span, from 1959 to 1988, to get broad perspective as well as detailed specific data about family planning and the effects of the funded programs.

Here are some of her key findings:

- The introduction of the programs resulted in a "significant and sustained reduction in childbearing" in the communities receiving the funds as compared to those that did not. The reduction was spread across teens and women in their 20s, and in delay or reduction in second and third births among older women.
- Bailey estimated that the funded family planning programs prevented about 1.8 million births in 10 years at a cost of \$2,700 federal dollars per birth averted.
- From 1969 to 1983, annual family planning service use quadrupled. By 1983, Bailey reported, 5 million women a year were family planning patients, 83 percent of them below the 150 percent poverty line. Seventy percent were white and about 25 percent were black women. The programs helped poor women gain access to the pill, a hugely impactful and new form of contraception. Studies at the time had shown that, indeed, poorer women were having more children than they had wanted or had planned. Bailey finds that federal support for family planning programs "diminished the income-based differences in childbearing that motivated the programs."

While the above findings are concrete, "this study leaves open the question of whether delaying/preventing these births allowed poor women to alter their life circumstances, finish school, get better jobs, marry more stable partners, and give their children more time and resources," says Bailey.

"But this was the hope of the architects of the War on Poverty, and one that I am examining in a new project."

A Primer on the Pill

Today, more than 10 million women take the oral contraceptive known as "the pill," which has endured a long battle on its way to the corner drug store.

1957: Enovid, the first prescription birth control pill in America, gets FDA approval but only for menstrual "disorders."

1960: FDA approves the sale of an official birth control pill, but it's prohibitively expensive. An annual supply sells for the equivalent of about three weeks of full-time work at the 1960 minimum wage.

1961: Some states prohibit the sale of the pill, including Connecticut, where it's a crime to use birth control.

1963: Costs slowly come down, and 2.3 million American women now use the pill.

1965: The U.S. Supreme Court strikes down the Connecticut law prohibiting the use of birth control. Massachusetts prohibits the sale of the pill to unmarried women, a law that is struck down in 1972.

1982: The workforce benefits: 60 percent of women of reproductive age are employed in America.

2012: The Health Care Reform Law mandates insurers provide birth control without additional co-pays or deductibles. Passed in August 2012, the rule is already being challenged in courts.

Source: American Experience: "The Pill"