



SPUC POSITION PAPER SERIES

ABORTION AND POVERTY

DR GREGORY K. PIKE, SEPTEMBER 2025

SUMMARY POINTS

- The causes of poverty are many and varied.
- Women of lower socioeconomic status (SES) have a disproportionately high number of abortions.
- In England and Wales women living in the most deprived areas have nearly twice as many abortions as women living in wealthier areas.
- The association between abortion and poverty is more pronounced for women in their 20s than either teens or older women.
- Overall however, data from the US suggests that the majority of mothers with limited financial means have not had an abortion.
- In the US there are higher abortion rates among Black and Hispanic women at all levels of economic status.
- While women of lower SES have a higher abortion rate, the reasons they give for choosing abortion are more complex than lack of financial resources.
- Most research finds that non-economic considerations are more central to women's decision-making about reproduction than economic factors.
- Studies of the impact on fertility and abortion of the UK's two-child benefit cap found that there was virtually no decline in fertility and no evidence of any impact on abortion rates.
- The BPAS survey which concluded that the two-child limit was driving up abortions was flawed and of no value.
- The most significant impact of the two-child benefit cap was to drive larger families into poverty rather than changing fertility or abortion rates.
- Studies of the impact of state welfare on abortion in the US reveal:
 - A drop in welfare provision makes women more proactive in avoiding pregnancy.
 - Sexually transmitted diseases increase with a rise in welfare.
 - Messaging is influential. In pro-life states women receive cues and messages against abortion from welfare providers, leading to fewer abortions. In more pro-abortion states, messaging from welfare providers makes abortion a more likely choice for women.
 - The type of welfare offered is also a factor, e.g. Medicaid provision increases abortion rates because it reduces the cost to women of the abortion.

- Childcare provision can influence an abortion decision by making motherhood seem a more affordable option for some women, and so decreases the likelihood of abortion. For others it increases the chance of an abortion in a culture where work commitments are prioritised over childbearing,
- Overall studies show:
 - Welfare provision is not a particularly effective way to drive down abortion rates and may increase it.
 - Being poor is about much more than finances.
 - Higher pregnancy rates among poorer women increase the likelihood of abortion
 - The ethos of the community and welfare providers influences whether welfare provision drives abortion rates up or down.

INTRODUCTION

The relationship between poverty and abortion is complex and multifaceted, not least because the nature of poverty and its causes are similarly so. While it is clear that women of lower socioeconomic status (SES) have a disproportionately high number of abortions, the reasons for this are far less clear. If the causes were well understood, then perhaps simply increasing financial resources would consistently reduce abortion rates - but it doesn't. Lifting women out of poverty is undoubtedly a good thing in itself, but is it the key to reducing abortion rates among women of low SES, or at least bringing them in line with those of wealthier women? This is a critical question, the answer to which can significantly inform public policy.

Whether abortion rates *should* be reduced or not only makes sense if abortion itself is wrong or at least morally troublesome. For if it is not then the rate is irrelevant or perhaps only subject to a cost-benefit analysis. But if it is inherently immoral, or even if one thinks it morally troublesome, then reducing as many abortions as possible should be a common goal.¹ In a related sense, if abortion harms women, then that is another morally relevant reason to have as few abortions as possible.

This paper will focus specifically on whether strategies that reduce poverty, in particular state-provided welfare, reduce the abortion rate. If they can, then that suggests that the primary reason for the higher abortion rate amongst women living in poverty is economic, and economic strategies will help. But if not, then other strategies may be more effective.

POVERTY AND ITS CAUSES

Poverty is a relative term that is typically understood in relation to the circumstances within any given country. It is usually defined as not having sufficient money or resources to provide for the basic necessities of life such as housing, food, clothing, health, and education. Even this is open to differing interpretation – is poverty not having the basic needs for *survival* or not having enough to enjoy the standard of living typical for a particular community? Whatever the definition, poverty is generally considered to be a problem that harms people. Moreover, even if people's most basic needs are met, the large *disparity* in wealth in many nations creates tensions that contribute to discord and even criminality.

In the UK, the index of multiple deprivation (IMD) is often used to measure relative SES in the context of health care. It takes account not only of income but also other domains such as housing, education, crime, employment, disability, and health deprivation. There are also other methods for defining poverty that are related to the median income. But whatever the measure, the number of those living in poverty in the UK is on the rise and expected to worsen in future years.²

In the US, poverty is measured using a set threshold provided by the US Census Bureau that takes account of family composition. SES is often expressed as being below, equal to, or twice, or three times, that poverty threshold.

The causes of poverty are many and varied, including unemployment, low pay, lack of education, excessive housing costs, war and other conflicts, poor infrastructure, inadequate social security benefits, disability, and limited access to essential services. Many of these are structural issues beyond people's control and may also involve discrimination on the basis of race, gender, or disability. Furthermore, poverty can become an ingrained trap that becomes intergenerational.

A much more difficult aspect of SES is the role of personal choice. Some individuals forgo increased income to spend time on activities they prefer, or even choose work that is poorly paid because it is either more in accord with their abilities and they find it fulfilling for that reason, or because they believe the work they choose contributes more to the community in which they live. Some deliberately choose a simple, and more impoverished lifestyle for ethical reasons, and this is particularly the case in some religious communities.

Another aspect of choice that can affect poverty is the decision to raise children; and for some families, especially during difficult economic times, such a decision may be enough to tip them into poverty. In UK families with 3 or more children, 44% were in relative poverty compared with 25% for a two-child family and 21% for a one child family.³ The UK's Child Poverty Action Group estimates the cost of raising a child in 2024 was £260,000 for a couple and £290,000 for a lone parent.⁴ These figures have relevance for the link between abortion and poverty. For an impoverished woman with an unexpected pregnancy, the prospect of having to provide for a child, especially when there are existing children, may be sufficient to sway a decision towards abortion. This can be perceived as a form of societal or circumstantial coercion.

Finally, some may be driven into poverty because of addictions, poor investments, criminal behaviour (either their own or inflicted upon them), poor choices, laziness, or simply bad luck.

ABORTION STATISTICS AND POVERTY

The following basic statistics about abortion help set the framework needed to inform its relationship with poverty.

In England and Wales, the abortion rate has been steadily climbing; in 2022 it reached its highest level since the Abortion Act of 1967 - 21.1 per 1000 women of reproductive age. While the rate for women under 18 has halved in the last 10 years, that for women over 35 has increased by about 60%.⁵ The situation in the US is somewhat different. The rate climbed steadily from 1973 after *Roe v Wade*, plateaued at around 29 for most of the 80s, then steadily declined to 14.4 in 2020, after which there was a small uptick

to 15.4 in 2024.^{6,7} Hence, there is a stark difference between the UK and US, not only in absolute terms but in change over time – the abortion rate in the UK has climbed steadily while that in the US has halved.

In the UK, 98% of abortions are funded by the NHS, whereas in the US a significant part of the cost is borne by individuals, except for some low-income women on Medicaid, depending on the State in which they live. In the US the financial cost of an abortion for women of lower SES therefore sets a more significant barrier compared with low SES women in the UK.

Multiple abortions are common in both countries. In England and Wales, 41% of women had one or more previous abortions; for those over 30, this figure rises to 50%. Similarly, in the US the percentage of women having had one or more abortions was 43%.

By far the majority of women having abortions are single: 82% in the UK and 87% in the US. Even so, many were already mothers – 54% in England and Wales had previously had a live or stillbirth, and 61% in the US had had a live birth. Using more precise data from women on US Medicaid, a proxy for being impoverished, researchers found that the percentage of women who had live births *and* abortions was 5.7% compared with 6.6% who had *only* abortions.⁸ This implies that about 46% of women having abortions also had a live birth.⁹ Additionally, most women in the study sample had given birth but had not had an abortion (74%), representing 92.8% of all births.¹⁰ The researchers concluded, “Abortion among low-income women with children is exceedingly uncommon ...”.¹¹ At first glance, this may seem contradictory to the fact that low SES women have a disproportionate rate of abortion, but this sample consists of only low SES women and makes no attempt to compare these women with wealthier ones. However, what it *may* imply is that for wealthier women the percentage having both abortions and live births could be even lower compared to women living in poverty, although there is currently no evidence to confirm this. Nevertheless, the important take-away message from this data is that by far the majority of mothers with limited financial resources have not had an abortion.

Characteristics like marital status, age, existing children, abortion cost, and multiple abortions all interface with poverty to some extent. The cost of abortion impacts women in poverty more than their wealthier sisters, and this increases as the number of abortions are repeated. In addition, younger women are typically less financially stable than older women, and marriage is generally associated with greater financial stability.¹² Therefore, younger unmarried women are more likely to live in poverty and experience a higher abortion rate. Existing children can also impact SES simply because they have needs to be met that require financial resources, something that doesn’t exist for childfree women.

WHAT DOES THE EVIDENCE REVEAL ABOUT ABORTION RATE DIFFERENCES DEPENDING ON SES?

In England and Wales, women living in the most deprived (poorer) areas have nearly twice as many abortions compared with women living in the least deprived (wealthier) areas.¹³ However, this figure is somewhat moderated when the poorer half of areas are compared to the wealthier *half*, in which case the former have 59% of abortions compared to the latter with 41%. And while low SES women always have more abortions than wealthier women across all age groups, the differences are *least* pronounced for the youngest and oldest compared with those in between. For example, for women aged 40-44 the rate for most deprived (poorer)

areas is 40% higher than for least deprived (wealthier) areas, whereas for women aged 25–29 the rate for most deprived is 91% higher than for least deprived. That is, the association between poverty and abortion rate is more pronounced for women in their 20's compared with either older women or teens.

During the pandemic the overall difference in abortion rate between least and most deprived narrowed - from 2021 to 2022, there was a 17% increase in abortions in the least deprived (wealthier) areas compared with only a 5% increase in the most deprived (poorer) areas. In other words, the pandemic was associated with a greater surge in abortions among wealthier women compared with low SES ones, a fact that is contrary to the idea that there is a simple and positive link between poverty and abortion.

The situation in the US is similar but not directly comparable because of the different way in which poverty is measured – for the year bridging 2021-2022, 41.8% of women having abortions lived below the federal poverty level compared with 27.3% for women at twice the federal poverty level or higher.¹⁴ Abortion rates also differ by race. Black and Hispanic women have four, and more than two times, respectively, the abortion rate of non-Hispanic white women. But this difference does not appear to be due to poverty. For example, for women considered well off - above 300% of the US federal poverty level - Black women still have four times the rate of non-Hispanic white women, and Hispanic women still have more than twice the rate of non-Hispanic white women. That is, the higher abortion rates for Black and Hispanic women apply to all levels of SES.¹⁵

ABORTION REASONS AND POVERTY

Do women seek abortion only because of poverty or for other reasons, or perhaps for reasons related in some way to poverty? For if women say their choice to abort is all about poverty, then that is a powerful clue to understanding the relationship between poverty and abortion.

Before considering that question, it is important to note that the rate of ambivalence about whether to go through with an abortion is high.¹⁶ Women are often unsure and conflicted about their abortion decision in ways that mean it may not take much to send the decision one way or the other. Abortion decisions are therefore not set in stone. This can mean that poverty or perception about impending poverty may have a significant influence over an abortion decision, just as it may over pregnancy and birth. But which way the outcome will swing is uncertain.

When asked about the driving factors behind an abortion decision, women cite pressure from families and partners, relationship problems, insufficient finances, lack of confidence to be a mother, study and career aspirations, and no community support.^{17,18} Unmarried women in particular report issues related to finances either directly at the time of the decision or indirectly via anticipating an impact on future opportunities that relate to income.^{19,20} Some women report multiple disruptive events in their lives concurrent with an abortion decision, including separation from a partner, sudden unemployment, insufficient funds for rent or mortgage payments, and multiple location moving events.²¹

Despite claims that the “vast majority of women request abortions due to a lack of financial resources”,²² this is inaccurate. The story is much more complicated. To summarise most research, it would be more accurate to say, “non-economic considerations are more central to women’s decision-making about reproduction than

economic factors”.²³ Economic considerations are important but must not be overstated. In their study of the lives of 162 low-income women, Edin & Kefalas found that motherhood aspirations were more important than economic considerations in an abortion decision.²⁴ This moderates the importance of economic considerations, and implies that increasing financial resources, perhaps through welfare provision, may be of limited value in lowering abortion rates.

In summary, women of lower SES have a higher abortion rate, but the reasons they cite are more complex than not having sufficient financial resources. Moreover, the abortion rate among women with ample financial resources is still high, particularly in the UK, which is evidence of the impact of reasons unrelated to SES in an abortion decision.

DOES POVERTY CAUSE MORE ABORTIONS?

The fact that there is an *association* between poverty and abortion does not necessarily mean that poverty itself, specifically having insufficient money, leads to abortion. It may contribute, but this may also be complicated by a range of other factors that are themselves also associated with poverty. For example, there is a higher pregnancy rate amongst low SES women,^{25,26} perhaps because of poor education related to the risk of pregnancy, or disruptive relationships, and this may be reflected in the higher abortion rate, and possibly birth rate too. Intimate partner violence is more prevalent in poorer communities, and it is linked to reproductive coercion over both pregnancy and abortion, potentially contributing to higher abortion rates amongst impoverished women.²⁷

One way to examine whether poverty causes abortion is to consider what happens when welfare increases or decreases. If the link between welfare provision and abortion is strong, then one of the avenues to decreasing abortion amongst low SES women will be welfare, and if it is weak then other strategies may prove more effective.

UK TWO-CHILD LIMIT

One example of a recent change in welfare provision is the UK’s two-child benefit limit. This was introduced in 2017 by the government at the time as a cost saving measure and has been controversial ever since. It means that a family having three or more children lose several benefits for the third child, amounting to a loss in family income in 2025/2026 of about £3500 per child.²⁸ When the median disposable household income for the poorest fifth of families is just £16,800,²⁹ the impact is huge, and it is easy to see how a third child could drive many families into poverty, or to become further impoverished if already poor.³⁰ Groups dealing with poverty, in particular child poverty, have been outspoken in their opposition to the policy, arguing that it not only increases poverty for these families, but is also costing more for the government in the longer term in dealing with affected families.³¹ The measure also has overtones of population control, otherwise why are only larger families the target?

But does the policy lead to more abortions?

In late 2020, a survey by the British Pregnancy Advisory Service (BPAS) was widely cited as evidence that the two-child limit was a factor for women with two or more children in their decision to have an abortion.³² In other words, BPAS argued that the policy caused more abortions. BPAS claimed that 57% of women who

were aware of the policy and to whom it applied said it was important in their abortion decision. However, there are aspects of the study that make its claims questionable. It was limited by size, suffered from selection bias, and was confounded by its timing in relation to the COVID pandemic. 240 women were surveyed, but only 59% of them were even aware of the policy. A relatively small percentage were in receipt of the relevant payments – 34% received Universal Credit and 23% received Tax Credits. Hence significantly less than the 240 women surveyed could be used to derive the 57% figure – BPAS do not say how many, but it would almost certainly be less than 100.³³ The BPAS survey, regardless of how widely it has been cited, is in fact of limited, if any, value.

In their analysis of the impact of the policy on fertility and abortion, Reader *et al.* conclude there was “little to no decline” in fertility – even though this was expected by the UK government at the time of the policy – and no evidence of any impact on abortion rates among the relevant groups.³⁴ For larger families, attitudes and behaviours surrounding both fertility and abortion may be more resistant to change, either for religious or other reasons. The policy appears to have taken insufficient account of the “affective and relational aspects of decision-making” about fertility and abortion, relying instead on an overestimation of the importance of economic factors.³⁵

In the end it appears as if the most significant impact of the two-child limit has been to drive many larger families into poverty rather than change either fertility or abortion rates.^{36,37,38}

SPANISH UNIVERSAL CHILD BENEFIT

Besides the recent example of a policy change in the UK and its impact on abortions, there have been other analyses of the relationship between abortion and economic issues in different countries, some that are targeted to women living in poverty and some that are not. One that was *not aimed* at low SES women, but would be expected to disproportionately benefit them, was the introduction of a Universal Child Benefit in Spain in 2007. This was a one-off payment applied to any birth, and because it only lasted three years, researchers could see whether the abortion rate was affected at the outset as well as when the benefit ended.

Several findings emerged. First, the abortion rate across the board decreased immediately upon announcement of the policy, by an estimated 5%.³⁹ Second, once the policy was reversed in 2010 there was a rise in abortions.⁴⁰ The authors also conclude that the rise was almost twice as large as the earlier decline, a phenomenon they suggest is related to deeper reactions to perceived impending negative economic conditions than to equivalent positive economic conditions. Third, most of the change in abortions was driven by younger, impoverished, and unmarried women, a finding that is not particularly surprising since this is the group that has the most abortions. No significant change was found for women who already had two children, a finding that is consistent with the lack of change in abortions in the UK where the two-child limit was targeted to women who already had children.

One other observation worth noting about the impact of the Spanish Universal Child Benefit was that families did not spend the extra money on child-related goods and services but instead chose for mothers to stay out of the workforce longer and spend more time at home with their children, a finding the researchers concluded improved family well-being.⁴¹

US WELFARE AND POVERTY

By far the majority of research into the links between welfare and abortion comes from the US where the differences between states in welfare policies, abortion policies, and cultural ethos varies enough to allow interstate comparisons. Moreover, the Clinton era reforms in the 1990s, that reduced welfare following an era of easy access, permits a before and after comparison. Clinton promised to ‘end welfare as we know it’, by enacting legislation (*The Personal Responsibility and Work Opportunity Reconciliation Act of 1996*) that set time limits on receipt of welfare, introduced mandatory work obligations, and set family caps on benefits for children conceived when the mother was on welfare.⁴² As the name of the Act states, the move was geared toward encouraging personal responsibility to move from state welfare to independence.

Studies that compared abortion rates between states by expansiveness of welfare policy have yielded mixed results. Some found that *less* welfare was associated with *higher* abortion rates,⁴³ some found the opposite,⁴⁴ and some found no effect at all.⁴⁵ For the last of these, Matthews *et al.* concluded more broadly that increased welfare had no effect on the abortion rate; but because the birth rate increased, the most plausible explanation was that women’s contraceptive effort declined.⁴⁶ In other words, the pregnancy rate increased because of weaker contraception resulting in more births, but not abortions.

In his analysis of the literature, specifically in relation to impoverished adolescent girls, Klerman concluded that one possible explanation for the lack of an effect of welfare on abortion was because adolescent decision-making about sexual activity was unlikely to include consideration of future welfare payments. Moreover, for these girls, abortion and motherhood were both difficult options:

... for many poor adolescent girls, all options are unattractive. Motherhood may not be sufficiently worse than the other choices to make worthwhile the aggressive contraceptive strategies and high financial and emotional cost of abortion. For many girls, motherhood may actually look more attractive. Having a child gives her a clear role and certifies that she is an adult. The child is someone on whom the new mother can shower affection and from whom the new mother can expect unconditional love. The child is a chance to “start over,” to make up for the errors of the previous generation.⁴⁷

What Klerman identified is not only the importance of non-economic, deeply personal, and psychologically complex factors in an abortion decision, but also the possibility of differences specific to certain groups of women. This is also something that Ressler *et al.* concluded in their more recent 2022 study.⁴⁸ But contrary to Klerman, Ressler *et al.* found that teens had *fewer* abortions with less welfare. In contrast, unmarried single adult women had more, but overall, there was a decline in abortions that was driven by the prior higher abortion rate amongst teens. To explain the difference between teens and adults, these authors proposed that teens may have been able to rely to some extent upon family support to continue their pregnancy, support that did not exist for adult women.

Ressler *et al.* also proposed an explanatory mechanism for the decline in teen abortions. They speculated that the drop in welfare causes women, including teens, to be “more proactive in preventing pregnancy in the wake of welfare reform”.⁴⁹ This would make sense as women may become more cautious about the risk of pregnancy when financial pressure increases, leading to fewer pregnancies and fewer abortions. This also

accords with earlier work by Ressler *et al.* that showed a rise in sexually transmitted diseases (STDs) when the opposite occurred, that is, with increases in welfare. This was interpreted as *increased* welfare lowering the ‘cost’ of unprotected sex (via anticipated assistance in the event of pregnancy regardless of whether the outcome was abortion or birth). The opposite would be expected with *decreases* in welfare; that is, the higher ‘cost’ of unprotected sex would lower the risk of STDs – as well as both pregnancies and abortions.⁵⁰

These different results from different researchers along with alternate explanations serves to highlight that research populations in varying contexts can give rise to differing results. Moreover, when there is a change, the effect sizes are small.

Other research that was specifically aimed at teenage abortion similarly found that states with a larger reduction in welfare also had a larger reduction in teenage abortion; however, again the effect itself was small in size.⁵¹ This author also included in the analysis an assessment of the state differences in *per capita* alcohol consumption by teenagers and the link with abortion, concluding that it was “the most important contributor to the demand for teenage abortion”.⁵²

Besides results that vary depending on what group of women was studied, what other factors might similarly contribute to mixed findings of the impact of welfare on abortion rates?

First, there appears to be an influence of what might be called the ethos or culture prevalent in any given state that moderates any effect. Specifically, whether a state might be described as pro-life or pro-choice, which can be ascertained by knowledge about three inter-related things - its abortion policies, access to abortion providers, and public opinion about abortion. In states with a pro-life culture, Hussey found that women receiving welfare were *less* likely to utilise abortion compared with comparable low-income women.⁵³

... a low-income, pregnant woman may be more likely to see and accept welfare as an alternative to abortion if she faces a consistent set of cues that point her in a pro-birth (or anti-abortion) direction. These cues may reflect the attitudes of partners, parents, and peers. They may emerge in the general accessibility of abortion services and in the normative symbols projected by state abortion policy choices. Cues may also take the form of resources and messages that the woman encounters in the welfare office and that pertain to reproductive decisions.⁵⁴

But in pro-abortion states, the evidence shows that the opposite is true; that is, welfare provision makes abortion *more* likely,⁵⁵ and again it may be that the welfare office is a significant site of influence.

Welfare rhetoric and welfare rules, some argue, work together to discourage and devalue motherhood among those poor, often black, women who choose to deliver and raise their children.⁵⁶

The influence of state context was confirmed by a separate study that considered data only from New Jersey, a state with a strong pro-abortion culture. Here researchers found that welfare reform (that reduced welfare provision) was associated with an increase in the acceptability of abortion that translated to an increase in the abortion rate.⁵⁷ In a pro-abortion environment, a woman with a problem pregnancy receives mixed messages from the provision of welfare. On the one hand welfare will assist her with keeping and raising her child; but on the other hand, it will also make an abortion easier to obtain. And the outcome shifts decisions in the direction of abortion, reinforcing again the importance of factors other than only economic ones in the abortion decision.

Differences in culture therefore provide a contextual framework that moderate the link between welfare and abortion, and at the same time go some way to explaining why results from other studies can sometimes be disparate.

In addition to these two variables – different groups of women and cultural context – what other factors might affect how women respond to welfare provision in their reproductive decisions?

The other key factors concern the *type* of welfare that is on offer, and there are five key ones – cash assistance, family caps, Medicaid, childcare, and family leave provisions. Because they are different forms of welfare it is not surprising that they have been found to have differing effects on abortion decisions. Hussey compared states with the most expansive welfare of each type with states having the least expansive of each type. She found that cash benefits, childcare and Medicaid eligibility were all associated with higher abortion rates, whereas family caps were not, and family leave provisions were associated with a small decline in abortion.

Medicaid provision has already been shown to increase abortion rates,⁵⁸ a finding that is to be expected since abortions are usually subsidised by Medicaid, significantly reducing the cost of an abortion for a woman of low SES. Likewise, cash assistance might be expected to operate in a similar way – a woman might judge the amount to be sufficient to assist with obtaining an abortion but insufficient to assist with raising a child. And again, the cultural context of the state within which she lives will moderate her decision.

The provision of childcare is more complex, and the outcome may be counterintuitive. At face value childcare might be expected to reduce the abortion rate because it is aimed at making it easier to raise a child, and indeed this is a common argument.⁵⁹ Moreover there is evidence that enforcing child support from fathers reduces the abortion rate, but the effect may be derived not from the increased income for women but from influencing men's perceptions about the cost to them of a partners' pregnancy, leading to fewer pregnancies and fewer abortions.⁶⁰ Hence, child support enforcement may operate in a quite different way to childcare provision by the state. Childcare provision by the state has the potential to influence an abortion decision in opposing ways. On the one hand it means more support for a child that may increase the likelihood that birth will be chosen, but on the other hand it may increase attachment to women's work commitments in the longer term thereby discouraging childbearing – translating to an increase in the risk of abortion. It appears that the latter may exert the greater influence.

Family leave provisions may be of less relevance to women living in poverty with reduced access to stable employment, and the lack of effect of family caps has not only already been shown elsewhere,⁶¹ but is also supported by evidence from the UK's similar two-child limit on welfare.

DISCUSSION

It is understandable that the link between poverty and higher abortion rates has been taken as evidence that abortion is primarily a poverty problem,^{62, 63} and if women were provided with resources such as welfare, then abortion rates would decline. But the evidence shows it is far from that simple. The impact of welfare, especially from the US data, shows that it depends significantly upon the type of welfare, the subgroup of women, and the cultural context within which the welfare is delivered. In some settings welfare does lower the abortion rate and in other settings it raises it. Either way, the magnitude of change is modest, which leads to the general conclusion that welfare provision is not a particularly effective way of driving down the abortion rate and may in fact increase it.

In the UK, even if by some miracle it was possible to achieve a community in which there were no differences in women's SES, there is no guarantee that the abortion rate would equalise for all women. What's more, the abortion rate of wealthy UK women is still high, so even if there was a common abortion rate for all UK women, it might only produce a rate comparable to that in the US, and still remain higher than in countries like Spain, Germany, or The Netherlands.⁶⁴

One might argue that the level of welfare provision is simply not enough for low SES women and if it was greater there may be a commensurate impact on abortion. But from the evidence so far, the outcome could simply be a greater magnitude of effect in either direction depending on the factors mentioned above. Moreover, it is unlikely that governments would consider increasing welfare because of a wide range of negative side-effects, one being increasing the already critical level of debt that many countries currently carry. At this point in time, it remains a thought experiment as to whether no disparity in SES would lead to equal abortion rates across the board.

What the evidence *does* seem to confirm is that being poor is about much more than just finances. As the UK's Index of Multiple Deprivation makes clear, poverty is about "income, employment, education, health, crime, barriers to housing and services, and the living environment."⁶⁵ These are not easily or simply remedied, and certainly not by welfare provision alone. Furthermore, each of these can influence decisions about sexual activity and reproduction. Such decision-making is complex and has societal as well as personal elements. The state can exert an influence through a range of its policies, but so can the broader social context that is formed by a wide array of complex cultural factors. Closer to home, women will be influenced by their networks of families and friends, immediate intimate partners, and internalised belief systems that inform their moral choices. The weighting of each of these, coupled with random occurrences, all feed into decisions about sexual behaviour with the possibility of pregnancy; and if pregnancy does occur, whether to have an abortion or let nature take its course to birth and beyond. If some degree of alleviation of poverty through welfare has minimal or ambiguous effects on abortion, the question remains – why is the abortion rate higher among women of low SES? Perhaps the answer lies in poverty being the kind of cultural setting, where "income, employment, education, health, crime, barriers to housing and services, and the living environment" one way or another influence decision-making in a manner slanted towards abortion. One obvious example is the higher pregnancy rate amongst low SES women that increases the likelihood of abortion – perhaps a result of poor education or higher risk-taking behaviour, including with alcohol, in poorer communities, or the increased incidence of intimate partner violence in poor communities, which has been shown to predict higher abortion rates. Factors can work in a synergistic way. As some of the evidence from the US has shown, the ethos of the community in which a woman lives exerts a measurable influence over whether welfare drives abortion rates up or down. Perhaps communities with a more robust commitment to dealing with domestic violence, employment opportunity, fairer distribution of wealth, and so on, might gradually contribute to an environment in which fewer abortions occur. The problem of poverty is one that must be considered by any community, including its governing bodies, but the poverty/abortion link should not be used in a simplistic way, and certainly not to argue against other strategies, including legislative ones, to reduce abortion.

This paper has been about poverty and abortion, prompted by the higher abortion rates among low SES women. But there is another statistic with an even more striking disparity – by far the majority of abortions (>80%) occur for unmarried women, not married ones. Perhaps this fact should also be explored to see whether increasing the incidence of marriage, and hence establishing more stable homes for raising children, might drive down abortion rates. It is well known that marriage confers significant benefits to individuals and communities – for example, better physical and mental health, greater financial stability, reduced crime, improved educational outcomes for children, reduced suicide risk, and less abuse in its many forms.⁶⁶ While only a correlation, the high rate of both poverty and abortions amongst Black Americans correlates with the lowest rate of marriage for any racial/ethnic group in the US.⁶⁷ The more difficult question, and beyond the scope of this paper, is what governments can do to increase the likelihood of marriage. Perhaps a starting point is to more openly acknowledge the critical importance and value of marriage to community well-being. This may then drive policy development aimed at encouraging marriage rather than discouraging it, which is arguably the trap that some welfare policies fall into.⁶⁸

Also beyond the scope of this paper, it has been argued that denying abortion to women living in poverty will simply serve to perpetuate the cycle of poverty.⁶⁹ The birth of their children, so the argument goes, will keep them impoverished, and more children will be born into poverty, scarring *their* lives. But this argument is deeply problematic. It not only has disturbing eugenic overtones - appearing to imply that the poor should not breed because it will simply mean more of the ‘wrong’ people – but it dangerously maligns child rearing in a more general sense. It is misanthropic about children and about the human future, and perhaps even contributes to a culture and economic system that makes raising the next generation more difficult than it should be.

In summary, even though women of low SES have a higher abortion rate compared to women of high SES, the limited evidence that does exist suggests that the association is not one of simple economics. This should not be surprising because an abortion decision is also about relationships, aspirations, beliefs, cultural context, timing, coercion, access, and what might be called social resources. Casting abortion as just another healthcare decision is deeply flawed and continued attempts to construe it as such do no justice either to its complex legal, social, and ethical nature or to the women who may be considering it.

Poverty and abortion are linked, and both are personal and social problems that need attention. Eliminating poverty is a worthy aspiration ... so is eliminating abortion.

ENDNOTES

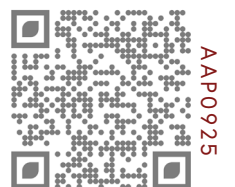
1. Consider for example these comments from Dr Pam Lowe, a researcher at Aston University who specialises in women's reproductive health with a focus on abortion, which emphasise her belief that abortion is not a moral problem. She said: "Unfortunately, abortion is still stigmatised. The focus on 'what can we do to reduce the abortion statistics?' is the wrong question. The right question is: what can we do to ensure people have good access to contraceptive services and access to abortion services should they need to, and be able to make decisions about whether or not to continue a pregnancy in a society whereby it's not dependent on how much you earn?" - <https://www.theguardian.com/world/2021/mar/23/women-from-poorer-backgrounds-three-times-more-likely-to-have-abortions>, Accessed 28 Apr 2025
2. Royal Geographical Society (2025) Persistent poverty in Britain. Available from: <https://www.rgs.org/schools/resources-for-schools/persistent-poverty-in-britain>, Accessed 9 May 2025.
3. Francis-Devine B (2025) *Poverty in the UK: Statistics*. House of Commons Library, No. 7096, p47.
4. Child Poverty Action Group (2025) *Causes of Poverty*. Available from: <https://cpag.org.uk/child-poverty/causes-poverty> Accessed 9 May 2025
5. Office for Health Improvement and Disparities (2025) *Abortion Statistics, England and Wales: 2022*. Available from: <https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2022/abortion-statistics-england-and-wales-2022> Accessed 28 Apr 2025.
6. Diamant J et al. (2024) What the data says about abortion in the U.S. Pew Research Center. Available from: <https://www.pewresearch.org/short-reads/2024/03/25/what-the-data-says-about-abortion-in-the-us/> Accessed 30 Apr 2025.
7. Guttmacher Institute (2025) *Guttmacher Institute Releases Full-Year Abortion Data for 2024*. Available from: <https://www.guttmacher.org/news-release/2025/guttmacher-institute-releases-full-year-us-abortion-data-2024>, Accessed 29 Apr 2025
8. Studnicki J et al. (2021) Estimating the Period Prevalence of Mothers Who Have Abortions: A Population Based Study of Inclusive Pregnancy Outcomes. *Health Serv Res & Managerial Epidemiol* 8:1-7.
9. That is, women having both births and abortions (5.7%) divided by the total percentage of women having abortions (5.7% plus 6.6%; ie 12.3%) equals 46%.
10. That is, 92.8% of all births were to women who had not had an abortion – and some of these women had more than one birth.
11. Studnicki J et al. (2021) Op. Cit.
12. Wilcox WB et al. (2011) *Why Marriage Matters. Thirty Conclusions from the Social Sciences*. 3rd Ed. Institute for American Values, National Marriage Project, NY.
13. Office for Health Improvement and Disparities (2025) Op. Cit.
14. Statista (2023) Distribution of women in the U.S. who obtained an abortion in 2021-2022, by family income level. Available from: <https://www.statista.com/statistics/656635/abortion-distribution-united-states-by-income-level/>, Accessed 14 May 2025
15. Jones RK et al. (2002) Patterns in the Socioeconomic Characteristics of Women Obtaining Abortions in 2000-2001. *Perspectives Sexual & Reproductive Health* 34(5):226-235.
16. Askelson NM et al. (2015), "Baby? Baby not?" Exploring women's narratives about ambivalence towards an unintended pregnancy, *Women Health* 55(7):842-858.
17. Allanson S & Astbury J (1995) The abortion decision: reasons and ambivalence. *J Psychosomatic Obstetrics & Gynecology* 16:123-136.
18. Kirkman M et al. (2011) Abortion is a difficult solution to a problem: A discursive analysis of interviews with women considering or undergoing abortion in Australia. *Women's Studies International Forum* 34: 121-129.
19. Bankole A et al. (1999) Characteristics of Women Who Obtain Induced Abortion: A Worldwide Review. *Int Family Planning Perspect* 25(2):68-77.
20. Chae S et al. (2017) Reasons why women have induced abortions: a synthesis of findings from 14 countries. *Contraception* 96:233-241.
21. Jones RK et al. (2013) More than poverty: disruptive events among women having abortions in the USA. *J Fam Plan Repr Health Care* 39(1):36-43.
22. Uzogwe CE et al. (2019) Poverty is the commonest reason for abortion: this is not a choice. *BMJ* 367:16424.
23. Kelly K & Grant L (2007) State Abortion and Nonmarital Birthrates in the Post-Welfare-Reform Era: The impact of Economic Incentives on Reproductive Behaviors of Teenage and Adult women. *Gender & Society* 21(6):878-904.
24. Edin K & Kefalas M (2005) *Promise I can keep: Why poor women put motherhood before Marriage*. Berkeley: University of California Press. Available from: https://books.google.com.au/books?hl=en&lr=&id=oZ_Gf7-rPhsC&oi=fnd&pg=PR7&dq=promises+i+can+-keep&ots=WuOWdsvsfp&sig=-gkqlFfCzS9StV9rWq136dTEy_U#v=onepage&q=promises%20i%20can%20keep&f=false, Accessed 19 May 2025.
25. Font-Ribera L et al. (2007) Socioeconomic Inequalities in Unintended Pregnancy and Abortion Decision. *J Urban Health: Bull NY Acad Med* 85(1):125-135.
26. Jones RK et al. (2002) Op. Cit.
27. Pike GK (2023) Coerced abortion – the neglected face of reproductive coercion. *The New Bioethics* 29(2):85-107.
28. End Child Poverty (2025) *Scrapping the two-child limit to lift children out of poverty and boost local economies*. Available from: https://endchild-poverty.org.uk/two_child_limit-2025/ Accessed 9 May 2025.

29. Office for National Statistics (2025) Average household income, UK: Financial Year Ending 2024. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/bulletins/householddisposableincomeandinequality/financialyearending2024#:~:text=In%20the%20financial%20year%20ending,%20pandemic%2C%20FYE%202020%20levels>, Accessed 9 May 2025.
30. Estimated 16% loss of income for families having a third child. See Reader M et al. (2025) Does Cutting Child Benefits Reduce Fertility in Larger Families? Evidence from the UK's Two-Child Limit. *Pop Res & Policy Rev* 44:21.
31. Stewart K (2023) The two-child limit: a growing hole in the UK's safety net. *London School Economics & Political Science*. Available from: <https://www.lse.ac.uk/research/research-for-the-world/politics/two-child-benefit-cap-poverty>, Accessed 9 May 2025.
32. British Pregnancy Advisory Service (2021) *Forced into a corner: the two-child limit and pregnancy decision making during the pandemic*. Available from: <https://www.bpas.org/our-cause/campaigns/briefings/the-two-child-limit-on-welfare-support/>, Accessed 14 Apr 2025.
33. Using the figures provided by BPAS, women receiving the relevant benefits would represent half or less of the 240 total, yielding approximately 120 women. If knowledge about the policy was roughly equivalent across all women, then only 59% of these women would constitute the sample; that is, 71 women. Even if this assumption is incorrect the final sample is almost certainly less than 100.
34. Reader M et al. (2025) *Op. Cit.*
35. Patrick R & Anderson K (2023) The two-child limit and fertility decision making: When policy narratives and lived experiences collide. *Soc Policy Adm* 57:580–595.
36. Chzhen Y & Bradshaw J (2022) The two-child limit and child poverty in the United Kingdom. *Int J Soc Welf* 34:e12642.
37. Raj K (2024) UK Government Should End Cruel 'Two-Child Limit'. Key First Step to Reforming Social Security. *Human Rights Watch* Available from: <https://www.hrw.org/news/2024/09/20/uk-government-should-end-cruel-two-child-limit-now>, Accessed 12 May 2025
38. Stewart K (2023) *Op. Cit.*
39. Gonzalez L (2013) The Effect of a Universal Child Benefit on Conceptions, Abortions, and Early Maternal Labor Supply. *American Economic Journal: Economic Policy* 5(3): 160-188.
40. Gonzalez L & Trommlerova SK (2021) Cash Transfers and Fertility: How the Introduction and Cancellation of a Child Benefit Affected Births and Abortions. *J Human Resources* 58(3):783-818.
41. Gonzalez L (2013) *Op. Cit.*
42. Besharov DJ & Fowler AA (1993) The end of welfare as we know it? *National Affairs – The Public Interest* 63:95-108. Available from: https://www.nationalaffairs.com/public_interest/detail/the-end-of-welfare-as-we-know-it Accessed 16 May 2025.
43. Jagannathan R (2006) Economic Crisis and Women's Childbearing Motivations: The Induced Abortion Response of Women on Public Assistance. *Brief Treatment & Crisis Intervention* 6:52-65.
44. Ressler R et al. (2022) The Impact of Welfare Reform on Rates of Abortion. *Southern University College of Business E-Journal* 12(1) Article 2.
45. Matthews S et al. (1997) The Effects of Economic Conditions and Access to Reproductive Health Services on State Abortion Rates and Birthrates. *Family Planning Perspectives* 29:52-60.
46. *Ibid.*
47. Klerman JA (1998) *Welfare Reform and Abortion*. In: Moffit R (Ed) *Welfare, the family, and reproductive behaviour: research perspectives*. Washington DC, National Academy Press, p 109.
48. Ressler R et al. (2022) *Op. Cit.*
49. *Ibid.*
50. Ressler RW et al. (2006) Contributing Factors to the Spread of Sexually Transmitted Diseases; the Case of Welfare. *Am J Economics & Sociology* 65(4):943-961.
51. Stack C (2010) *The Effect of Welfare Reform on Teenage Abortion*. Thesis, The College of New Jersey School of Business. Available from: <https://business.tcnj.edu/departments-programs/economics/senior-thesis-in-economics/2001-present/>, Accessed 5 May 2025.
52. *Ibid.*
53. Hussey LS (2011) Is Welfare Pro-life? Assistance Programs, Abortion, and the Moderating Role of States. *Social Service Review* 85(1):75-107.
54. *Ibid.*
55. *Ibid.*
56. Hussey LS (2006) Are Social Welfare Policies "Pro-Life"? And Individual-Level Analysis of Low-Income Women. Working Papers 896, Princeton University, School of Public and International Affairs, Center for Research on Child Wellbeing. Available from: <https://ideas.repec.org/p/pri/crcwel/wp07-12-ff.pdf.html>, Accessed 28 Apr 2025.
57. Jagannathan R (2006) *Op. Cit.*
58. Kim T et al. (2025) Abortion rate increased and birth rate decreased after introduction of Medicaid abortion coverage in Illinois. *Health Affairs* 44(2):224-233.
59. Stone L (2021) Child allowances reduce abortion. *American Enterprise Institute*. Available from: <https://www.aei.org/articles/child-allowances-reduce-abortion/>, Accessed 21 May 2025
60. Crowley JE et al. (2012) The Effect of Child Support Enforcement on Abortion in the United States. *Social Science Quarterly* 93(1):152-172.

61. Joyce T et al. (2004) Family Cap Provisions and Changes in Births and Abortions. *NBER Working Papers* 10214. Available from: <https://www.nber.org/papers/w10214>, Accessed 2 May 2025.
62. Uzogwe CE et al. (2019) *Op. Cit.*
63. Arons J & Saperstein S (2006) The right way to reduce abortion. *Center for American Progress*. Available from: <https://www.americanprogress.org/article/the-right-way-to-reduce-abortion/>, Accessed 27 Apr 2025.
64. Abortion rates by country 2025. *World Population Review*. Available from: <https://worldpopulationreview.com/country-rankings/abortion-rates-by-country>, Accessed 2 May 2025.
65. Consumer Data Research Centre (IMD) (2025) Index of Multiple Deprivation. Available from: <https://data.cdrc.ac.uk/dataset/index-multiple-deprivation-imd>, Accessed 6 May 2025.
66. Wilcox WB et al. (2011) *Op. Cit.*
67. Black Marriage in America – Black Marital Status. *Black Demographics*. Available from: <https://blackdemographics.com/households/marriage-in-black-america/>, Accessed 22 May 2025.
68. Rector R (2023) Marriage, Abortion, and Welfare. *The Heritage Foundation* Special Report No 271. Available from: <https://www.heritage.org/welfare/report/marriage-abortion-and-welfare>, Accessed 20 Apr 2025.
69. Rodgers YvdM et al. (2021) The macroeconomics of abortion: A scoping review and analysis of the costs and outcomes. *PLoS ONE* 16(5) e0250692.



SOCIETY FOR THE **PROTECTION** OF UNBORN CHILDREN
Unit B, 3 Whitacre Mews, Stannary Street, London SE11 4AB, UK
TEL: +44 (0)20 7091 7091 WEB: www.spuc.org.uk



AAP0925