# Use of Contraceptive Services in Periods Of Receipt and Nonreceipt of AFDC

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FAMILY PLANNING legislation enacted by Congress in 1962 permitted the States to use Federal funds in providing family planning services to recipients of AFDC (Aid to Families with Dependent Children). Additional legislation enacted in 1967 required the States to provide such services and offered generous Federal matching funds to encourage their development (*1*). Supporters of the family planning legislation expected it to (*a*) improve family planning services to AFDC recipients, (*b*) increase the practice of contraception among them, and (*c*) lower fertility, thus reducing the burden of welfare dependency. Are those expectations being fulfilled?

The answer to that question has implications for a more general question currently being debated: Is the principal obstacle to further reductions of the number of births in populations of high fertility a lack of supply of contraceptive services or a lack of demand for them? Those who answer "lack of demand" argue that the present high levels of fertility result from social structures that give greater social rewards to mothers than to women in other roles. Unless and until those social structures are altered, these people say, increases in the supply of contraceptive services will have little effect on the prevalence of contraception (*2,3*).

Those who answer "lack of supply" argue that substantial motivation for reducing fertility already exists; if contraceptive services are made easily accessible to women, they will use them effectively to limit births (*4,5*).

## Study of Effects of Legislation

The Government's effort to reduce the fertility of AFDC recipients is an important test of these alternative views. It can be argued on the one hand that the demand for family planning is low among AFDC recipients because the alternatives to childbearing as a means of social accomplishment are especially restricted for these women, and governmental efforts might be expected to fall far short of the mark. On the other hand, it can also be argued that the burdens of unwanted childbearing are especially heavy for AFDC recipients, and only the short supply of convenient, inexpensive contraceptive services prevents these women from voluntarily reducing their fertility; therefore governmental efforts might be expected to enjoy a large measure of success.

We discuss some empirical evidence bearing on these issues. More specifically, we address three questions: Are women when on welfare more likely (*a*) to receive information and advice about family planning from health and welfare professionals than when they are not on welfare? (*b*) to practice some form of contraception? (*c*) to limit childbearing? Our answers, based on analysis of the evidence from one city, are all affirmative. The welfare mothers studied did get better contraceptive service during periods when they were on welfare than in periods when they were not.

## Study Methods and Subjects

The locale for our study was Metropolitan Nashville-Davidson County, Tenn. The Davidson

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County Department of Public Health, with the support of Federal funds, began providing family planning clinic services to low-income women in 1964. Under procedures instituted by cooperative agreement between the department and the Davidson County Department of Public Welfare, social workers were to identify AFDC recipients in need of family planning services and refer them to a public health clinic offering such services (*6,7*). Both public health and welfare professionals were given special training on the needs and resources for family planning services among welfare recipients. Thus, before our study began, a number of steps consistent with the intention of the Federal legislation on family planning for AFDC recipients had been taken by health and welfare agencies in Nashville.

The data for the study were obtained from standardized home interviews with a sample of 300 mentally competent women aged 15 through 44, randomly drawn from the April 1972 list of AFDC payees for Metropolitan Nashville-Davidson County. One-hour interviews were held with each woman by the Evaluation, Survey, and Health Research Corporation of Nashville during June and July of 1972. These interviews focussed on potentially sensitive subjects, but the interviewers reported getting good rapport and apparently trustworthy responses.

Part of the interview schedule consisted of questions, modeled after those used in the 1965 National Fertility Survey (*8*), that elicited information about the circumstances and events during each of a woman's pregnancy intervals. Although the information on the pregnancy intervals included other subjects, those significant for our study concerned welfare status and family planning.

Pregnancy intervals for the respondents were analyzed. (The first pregnancy interval is the period ending with the termination of the first pregnancy. The second pregnancy interval is the period from the termination of the first pregnancy to the termination of the second, and so on.) The respondent's welfare status during each pregnancy interval was determined by asking her to identify all sources of her income at that time from a printed list of sources which included "welfare." If "welfare" was mentioned as a source, the woman was classified as having received public assistance payments during the pregnancy interval. For each pregnancy interval, information was also obtained about the frequency of the respondent's discussion of family planning with social workers, physicians, or nurses. In addition, the women were asked to identify from a printed list all the methods they had used during the interval "to delay or prevent having a baby." If a woman named any method, she was classified as having practiced contraception in that interval. Finally, the period following each pregnancy interval was examined to determine whether or not the woman had experienced another pregnancy.

Our procedure in analyzing these data was to consider the intervals of each order separately, comparing the women when they were and were not on welfare as to discussions of family planning with health and welfare professionals, the practice of contraception, and the avoidance of subsequent pregnancies. For example, in the examination of

**Table 1. Distribution of respondents' pregnancy intervals by welfare status and order of pregnancy interval**

| Welfare status during interval | Order of pregnancy interval | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | All orders | 1st | 2d | 3d | 4th | 5th | 6th | 7th–15th |
| Number of intervals | 1,141 | 297 | 245 | 191 | 134 | 108 | 66 | 100 |
| Not on welfare | 915 | 283 | 201 | 146 | 106 | 78 | 41 | 60 |
| On welfare | 226 | 14 | 44 | 45 | 28 | 30 | 25 | 40 |
| Percentage by order of interval[1] | 100 | 26 | 21 | 17 | 12 | 9 | 6 | 9 |
| Not on welfare | 100 | 31 | 22 | 16 | 12 | 9 | 4 | 7 |
| On welfare | 100 | 6 | 19 | 20 | 12 | 13 | 11 | 18 |
| Percentage by welfare status[1] | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Not on welfare | 80 | 95 | 82 | 76 | 79 | 72 | 62 | 60 |
| On welfare | 20 | 5 | 18 | 24 | 21 | 28 | 38 | 40 |

[1] All percentages are rounded.

**Table 2. Unadjusted percentages of pregnancy intervals in which respondents took any of five specified family planning steps, by welfare status and order of pregnancy interval**

| Family planning steps and welfare status | Order of pregnancy interval | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | All orders | 1st | 2d | 3d | 4th | 5th | 6th | 7th–15th |
| Discussed family planning with a social worker | 12 | 6 | 11 | 10 | 13 | 19 | 25 | 21 |
| Not on welfare | 4 | 4 | 4 | 4 | 2 | 8 | 10 | 3 |
| On welfare | 43 | 36 | 45 | 29 | 54 | 48 | 50 | 45 |
| Discussed family planning with a nurse | 22 | 11 | 17 | 22 | 26 | 32 | 40 | 41 |
| Not on welfare | 17 | 9 | 11 | 19 | 21 | 26 | 37 | 37 |
| On welfare | 45 | 57 | 48 | 33 | 46 | 48 | 46 | 48 |
| Discussed family planning with a physician | 26 | 9 | 25 | 30 | 32 | 34 | 36 | 51 |
| Not on welfare | 21 | 7 | 21 | 26 | 24 | 28 | 34 | 47 |
| On welfare | 47 | 36 | 41 | 44 | 61 | 48 | 38 | 57 |
| Used contraception during this interval | 46 | 36 | 42 | 42 | 53 | 50 | 58 | 69 |
| Not on welfare | 42 | 35 | 39 | 40 | 47 | 46 | 54 | 64 |
| On welfare | 62 | 57 | 55 | 47 | 75 | 61 | 65 | 76 |
| Avoided pregnancy in a subsequent interval | 24 | 14 | 20 | 26 | 19 | 38 | 25 | 44 |
| Not on welfare | 18 | 16 | 22 | 16 | 15 | 33 | 15 | 37 |
| On welfare | 49 | 21 | 57 | 58 | 32 | 48 | 42 | 55 |

NOTE: All percentages are rounded.

pregnancy intervals of the first order, we compared intervals of mothers who were on welfare with intervals of mothers who were not on welfare to see which subgroup was more likely to have used contraception during their first pregnancy interval. Similar comparisons were made for all pregnancy intervals except the one between the woman's last pregnancy and the interview, a period when all the women studied were receiving AFDC.

## Results

The results of our statistical analyses are presented in tables 1–3. Table 1 indicates the distribution of pregnancy intervals by the order of the pregnancy and the welfare status of the mother, both in numbers and percentages. The first panel of table 1 shows the numbers of intervals on which the percentages in all the tables are based. In table 2, the family planning activities of welfare recipients are compared with those of nonrecipients for each order of pregnancy. Table 3 is identical to table 2 except that a statistical adjustment is introduced within each interval to control for differences between welfare recipients and nonrecipients as to race, age at pregnancy termination, and date of termination. This adjustment was done by means of Multiple Classification Analysis (*9*). The differences between the data in tables 2 and 3 are usually small and only rarely result in reversals of the differences between welfare recipients and others. Apparently race, age, and the date of pregnancy termination are not important independent determinants of whether a woman will take certain family planning steps during a pregnancy interval.

The top three panels of table 2 show that for all pregnancy intervals combined, women on welfare during the interval were considerably more likely than other women to have talked about family planning to social workers (43 versus 4 percent), to nurses (45 versus 17 percent), and to physicians (47 versus 21 percent). Furthermore, differences of the same sign and order of magnitude appear for the intervals of each order when these are considered separately. Although the differences are somewhat reduced and occasionally reversed by the controls used in table 3, the general conclusion is the same: Women who are on welfare during a pregnancy interval are considerably more likely than other women to receive information and advice about family planning from a health or welfare professional.

The fourth panel of table 2 shows that women on welfare during a pregnancy interval were also more likely than others to have practiced contra-

**Table 3. Adjusted percentages of pregnancy intervals in which respondents took any of five specified family planning steps, by welfare status and order of pregnancy interval**

| Family planning steps and welfare status | Order of pregnancy interval | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | All orders | 1st | 2d | 3d | 4th | 5th | 6th | 7th–15th |
| Discussed family planning with a social worker | 12 | 6 | 11 | 10 | 13 | 19 | 25 | 21 |
| Not on welfare | 5 | 4 | 5 | 5 | 2 | 8 | 12 | 4 |
| On welfare | 41 | 37 | 40 | 25 | 54 | 48 | 47 | 45 |
| Discussed family planning with a nurse | 22 | 11 | 17 | 22 | 26 | 32 | 40 | 41 |
| Not on welfare | 19 | 9 | 13 | 22 | 22 | 28 | 38 | 43 |
| On welfare | 38 | 55 | 38 | 25 | 43 | 43 | 43 | 38 |
| Discussed family planning with a physician | 26 | 9 | 25 | 30 | 32 | 34 | 36 | 51 |
| Not on welfare | 23 | 7 | 25 | 29 | 25 | 30 | 37 | 51 |
| On welfare | 39 | 36 | 23 | 33 | 56 | 45 | 34 | 51 |
| Used contraception during this interval | 46 | 36 | 42 | 42 | 53 | 50 | 58 | 69 |
| Not on welfare | 44 | 36 | 42 | 41 | 47 | 46 | 56 | 69 |
| On welfare | 53 | 49 | 42 | 45 | 73 | 63 | 64 | 70 |
| Avoided pregnancy in a subsequent interval | 24 | 14 | 20 | 26 | 19 | 38 | 25 | 44 |
| Not on welfare | 22 | 17 | 16 | 20 | 18 | 38 | 18 | 42 |
| On welfare | 34 | 0 | 41 | 47 | 21 | 38 | 37 | 48 |

NOTE: These percentages are rounded and adjusted for race of mothers, year pregnancy ended, and age of mother when pregnancy ended.

ception; this greater likelihood was found for all intervals combined (62 versus 42 percent) and in the pregnancy intervals of each order. The differences are smaller in table 3, but they are consistently in the same direction.

Finally, the last panel in table 2 shows that women on welfare during a pregnancy interval were more likely than others to have avoided a subsequent pregnancy; this greater likelihood was found for all intervals combined (49 versus 18 percent) and in the pregnancy intervals of each order. The differences are much smaller in table 3, and there is one reversal (1st order), but the general pattern is clear and unchanged.

## Conclusion

Although other explanations are not ruled out by these data, the data can certainly be interpreted as indicating that in Nashville, Federal legislation, implemented by State and local governments, is succeeding in the attempt to improve family planning services for AFDC recipients, to increase the prevalence of contraception among them, and to reduce the fertility of these women. This interpretation is consistent with the view that motivation for reducing fertility already exists in high-fertility populations and that additions to the short supply of family planning services will have significant effects on contraceptive practices and childbearing—even in such "hard-to-reach" target populations as AFDC recipients.

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