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LETTER FROM THE EDITOR

Dear Reader,

I am proud to present the 12th issue of the student journal of the Philosophy, Politics and Economics Program at Penn. As in past years, SPICE features some of the best undergraduate work that the PPE Program has to offer. PPE students are encouraged to build upon the core foundations of the major and choose one of five themes to focus on including: choice and behavior, ethics and the professions, distributive justice, public policy and governance, and globalization. Each student has the opportunity to construct his or her own narrative, that is a reflection of his or her specific interests. No two students will follow exactly the same path, which is what makes PPE majors so unique. This year’s version of SPICE sheds light on this diversity of interests.

Each of the articles takes an interdisciplinary approach that looks at topics that range from altruistic behavior to the cultural implications of advertising to reproductive issues to the legalization of marijuana. Beyond the authors’ scholarly discussions, it is interesting to consider the broader implications that these articles have in our current political climate. As a whole, this edition of SPICE sets the stage for what could be incredibly interesting debates. I encourage readers to take the ideas that these articles present and delve deeper into each of these fascinating topics.

I would like to thank the writers of each of the articles for submitting such high quality work. It is passionate students like these that allow the PPE department to be so successful. I would like to thank my fellow editors for their hard work in selecting and editing each of the articles. It has truly been a pleasure to work with each and every one of them. Last, but certainly not least, I would like to thank Dr. Doug Paletta for his dedication to SPICE and to the PPE major. In the short time that he has served as the advisor of PPE, he has truly transformed the major. His advice and encouragement help students navigate the major and realize their passions, which makes for an extremely rewarding college experience.

To the students, parents, faculty, alumni and friends of the PPE Program at Penn, thank you for taking the time to read our journal. The Editorial Board and I hope that you enjoy this year’s issue.

Sincerely,

Casey Lipton
Editor-In-Chief
Getting Out of Your Way to Help Others: Responsibility to Help and Warm-Glow

Jongmin (Chris) Jeon

Abstract
In the past decades, three major theories emerged as key motivators in altruistic behaviors: pure altruism, external motivation, and warm-glow, which refers to utility that people derive from altruistic actions in a form of warm, positive feeling. Recently, more studies have focused on understanding warm-glow and its components, such as social image concern and empathic stimuli, in order to better comprehend and encourage altruistic behaviors. We propose that responsibility to help is a potential factor that influences warm-glow from altruistic behavior. In our proposed experimental design, we will test the hypothesis that people would anticipate less warm-glow if the responsibility to help is high, but would anticipate more warm-glow if the responsibility to help is low. We also hypothesize that higher responsibility to help would lead to more altruistic behaviors. Support for our hypothesis, as shown in the preliminary data, would render significant implications to charities as their tendency to make people feel responsible to give may have a tradeoff between increased short-term donation and reduced warm-glow feeling that donors experience.

Introduction
Traditional economic theories argue that all human beings are motivated exclusively by material self-interest. According to those theories, altruism, a form of unconditional kindness, cannot exist in the real world. However, overwhelming evidence in the real world and experimental settings suggest that concerns for altruism and fairness strongly motivate people. For example, in the U.S., $373.25 billion - over 2% of U.S. GDP- was contributed to charity in 2015 alone. Addressing this phenomena, I will reflect on research developments in the field of altruism and propose a study design that would further our understanding of real-life altruistic behaviors. The main focus is to understand different factors that amplify the ‘warm-glow’ and to study effective manipulation of those factors that help encourage altruistic behaviors in real life.

I will first define “altruism” in the context of psychology studies and will go over studies that have demonstrated the existence of altruism in various forms. Next, I will briefly introduce studies on the benefits of altruistic behaviors, which lead to the main topic of this paper: if altruistic behaviors are beneficial to individuals and society, how can we effectively motivate people to perform altruistic actions in real life? To address this topic, I will first highlight different theories on the underlying motivation and psychological process behind...
altruistic behaviors, where the warm-glow, receiving utility in the form of positive feelings from the act of giving itself, stands as a crucial motivating force. I will focus on explaining previous studies that provide insights on different factors that influence warm-glow and consequently, altruistic behaviors. Lastly, I will identify responsibility to help as a potential factor that influences warm-glow, and will propose a full experimental design that would test such relationship. This study would help better understand warm-glow and altruistic behaviors, especially in the context of charity giving.

Altruism: Which definition to take?
According to Merriam Webster online dictionary, altruism is defined as “feelings and behavior that show a desire to help other people and a lack of selfishness.” One thing to note is that altruistic behaviors that we observe in psychology studies are not necessarily ‘selfless’ in a complete sense: people may unconsciously or consciously expect to gain something out of their altruistic actions, whether that may be a better social reputation, the feeling of “warm-glow” (Andreoni 1989; 1990), and many others. Therefore, many scholars embrace a more inclusive definition of altruism, “the willingness to sacrifice one’s own resource in order to improve the well-being of others” (Fer and Schmidt, 2006). Research that I will introduce through the rest of the paper have in one way or the other studied altruistic behaviors where agents willingly sacrifice personal resources to improve the well-being of specified or unspecified others, regardless of their motive types which can be purely or partially selfless.

Existence of Altruism in experimental settings
Many behavioral economists and psychologists have used different forms of distribution games in their experiments to demonstrate the existence of altruistic behaviors. The ultimatum game developed by Guth et al. (1982) is the classic example, where a proposer decides on the division of money between himself and the responder, who either accepts or rejects the proposal. The robust result across hundreds of experiments is that most offers to the responders were made between 40 and 50 percent of the pie and that about 40 to 60 percent of responders tended to reject proposals offering them less than 20 percent of the pie (Fer and Schmidt, 2006). Such results demonstrate that not only self-interest but also a notion of fairness, which is a form of social norm, come into play in determining people’s behaviors. After all, it seems like such notion of fairness motivates people to act altruistically.

Different variations and multiple replications of experimental studies have consistently provided similar results, rendering strong support for the existence of altruism and fairness concerns in human behaviors. The dictator game is one variation, where it has been observed that a proposer tends to give a substantial proportion of money to the unknown responder, despite the fact that the responder has no option but to accept any amount given by the proposer (e.g. Forsythe et al., 1994). Another game, called Third Party Punishment Game, has demonstrated that the observer (player C) is willing to punish unfair behavior by the proposer (player A) at his own cost, demonstrating people’s strong concerns about fairness of an action regardless of its direct impact on oneself (Fehr
and Fischbacher, 2004). The robustness of such outcomes has also been substantiated by manipulation of different variables such as monetary stakes [Fehr and Tougareva, 1995, Slonim and Roth, 1998, Cameron, 1999] and culture (Buchan et al., 2002) which have produced statistically consistent outcomes. As shown, different experimental games have demonstrated that people's actions strongly accommodate concerns about altruism and fairness.

**Benefits of Altruistic Behaviors**

At the same time, many scholars began to study relationships between altruistic actions and happiness, life satisfaction, or health of both the agents and receivers of such actions. Multiple surveys and longitudinal studies have shown that acts of kindness (e.g. volunteering) were strongly correlated with subjective happiness (Otake et al., 2006), mental health (Schwartz et al., 2003), physical health (Oman et al., 1999) and longevity (Rowe and Kahn, 1998). More importantly, recent experimental works have started to render support for a causal relationship between altruistic behaviors and well-being. A study by Lyubomirsky et al. (2005) showed that simply asking people to commit random acts of kindness can significantly increase subjective happiness levels for weeks. They randomly assigned students to an experimental group where students were asked to commit five random kind acts per week for six weeks and found that students who engaged in kind acts were significantly happier than those in control group (Lyubomirsky et al., 2005). Dunn et al. (2008) also suggested that participants who were randomly assigned to spend money in a prosocial manner were happier at the end of the day compared to the others who spent money on themselves. An interesting feature of this study was that the amount of money subjects were provided to spend did not correlate with their perceived happiness at the end of the day, suggesting that the way people spend money is more important for well-being than the amount of money they received (Dunn et al., 2008). For example, a minimal amount of five dollars of pro-social purchases was enough to substantially increase happiness levels (Dunn et al., 2008). The studies above provide us with strong evidence for the benefits of altruistic actions, which not only redistribute wealth in an economical sense but also improve well-being of both agents and recipients.

**What motivates altruistic behaviors?**

As evidence for such benefits piled up, more scholars began to study ways to encourage more altruistic behaviors (e.g. volunteering, charity giving) in real life. This requires a fundamental understanding of the underlying motivations behind altruistic actions in order to identify and manipulate (to our advantage) factors that influence such actions. In the last two decades, three major theories that are considered key motivators for altruistic behaviors emerged: external motivation, pure altruism, and warm-glow. First, external motivation refers to material reward or benefit associated with altruistic actions, such as tax benefits and thank you cards (Ariely et al., 2009). Second, pure altruism refers to increase of utility solely from increasing the welfare of others (Ariely et al., 2009). The actor does not derive utility from any external or internal personal gain but only from the outcome that recipients’ welfare has increased. Lastly, the individuals motivated by warm-glow receive
utility from the act of giving itself, as Andreoni puts "people get some private goods benefit from their gift per se" (Andreoni, 1989). This utility is in the form of the positive emotional feeling that people receive from helping others, therefore named 'warm-glow'. In this paper, I will focus on studies that tested different components of warm-glow, and propose a study design that attempts to identify responsibility to help as a factor that influences warm-glow and altruistic behaviors.

Warm-Glow in experimental and field studies
At the basic level, various studies have used functional magnetic resonance imaging (fMRI) evidence to show that altruistic behavior (e.g. making a donation to charity) leads to brain activity in regions related to pleasure and reward [Breiter et al., 2001; Vartanian and Goel, 2004; Harbaugh et al., 2007]. For example, Harbaugh et al. (2007) demonstrated that making a decision to donate to the food bank led to activation in the ventral striatum, a brain region associated with rewards. This evidence rendered support for the existence of warm-glow as an action-associated, not the outcome-associated (which would be the case of pure-altruism) reward.

Various studies took a step back to identify components or origination of warm-glow motivation. One component of warm-glow seems to be social image concerns. Research have shown that people derive pleasure from social acclaim: they aspire to appear generous in the eyes of the others or themselves. For example, Andreoni and Bernheim (2009) used a modified dictator game to demonstrate that giving is more likely when people believe their altruistic acts will be more vivid in the mind of the recipient. They randomly divided and assigned pairs into a dictator and recipient role and let each pair split a prize while varying the probability of the nature to intervene (p) and set the transfer from dictator to some fixed value, x0. Results showed that as their unselfish division became more visible to the recipients (e.g. when p=0), dictators acted much more altruistically, rendering division of close to a 50-50 split. Ariely et al. (2009) have also shown that the presence of monetary incentives increased the subjects' effort significantly in private condition, but not in public condition, both in the experimental and field studies. These studies have demonstrated that the desire to maintain positive social-image could strongly shape people's altruistic behaviors.

Some may argue that social image concern is associated with external motivation in altruistic behaviors, as people may expect external rewards as a result of their behavior (e.g. social and economic benefit you may get from social image enhancement). However, there are several reasons why external motivation by itself cannot fully explain the social image concern. First, it is difficult to argue that subjects in the studies above have significantly changed their actions solely based on the slight chance that a positive social image to a stranger, who is randomly-assigned to be the pair, will bring any external benefit. Rather, as Evren et al. (2015) showed, people experience warm-glow in the form of pleasure from social acclaim, regardless of its direct impact on their external payoffs. Therefore, a more plausible explanation would be that subjects acted less altruistically when the pleasure (warm-glow) they expect to derive from a positive social image is undermined by visibility (Andreoni and Bernheim, 2009) or monetary incentive (Ariely et al., 2009).
Second, social-image concern seems to be at work even in complete absence of potential extrinsic reward. Everett et al. (2014) demonstrated that making donations to charity a default option resulted in more participants donating part of their income. The participants’ decisions were private and thus without any potential external reward. This demonstrates that the participants, who perceived the default option as the social norm, chose to donate their income in order to derive positive feeling from maintaining a positive social image to themselves (Everett et al., 2014). These studies strongly demonstrate that social image concern stands as an important component of warm-glow (Andreoni et al., 2015), although multiple motivations including extrinsic motivation often simultaneously exert influence on an altruistic behavior.

Another type of social concern that underlies the warm-glow is social distance. Various studies have demonstrated that altruistic behaviors increase when social distance from the prospective recipient is reduced [Hoffman et al., 1996; Bohnet and Frey, 1999] and when subjects communicate [Xiao and Houser, 2005; Andreoni and Rao, 2011]. Some people may argue that reduction of social distance increases the subject’s perceived need level of the recipient, thereby influencing assessments relevant to pure altruism (outcome distribution) rather than warm-glow. However, Small and Loewenstein (2003) demonstrated that even a very weak form of identifiability, which does not change the subject’s perception of the recipient’s need level, increases altruistic behavior. For example, in a modified dictator game, subjects were more willing to compensate others who lost their money when they simply heard losers had been already determined than when they heard losers will be determined (Small and Loewenstein, 2003). This suggests that reduced social distance does not necessarily affect pure altruistic motive but promotes more prosocial behavior through another channel: warm-glow.

But a question arises: how exactly does the reduced social distance increase warm-glow? The answer lies in another big component of warm-glow, empathic concern. Multiple researchers have demonstrated that altruistic acts are often preceded by empathic stimuli [Batson, 1991; Batson et al., 1996; Preston and deWaal, 2002; Andreoni and Rao, 2011]. The resulted empathy leads to a tension between either giving and feeling good (warm-glow) or not giving and feeling guilt. This explains how reduced social distance, which often heightens the empathy, increases warm-glow as such tension is resolved by giving. For example, Andreoni and Rao (2011) demonstrated that an imagined conversation is just as effective as the real conversation with the prospective recipient in significantly increasing giving relative to a control group. As the imagined conversation did not in any way increase the need level of the situation (pure altruism) nor extrinsic reward from their giving (external motive), this shows that emphatic stimulation in the imagined conversation treatment has led to warm-glow and altruistic behaviors.

Empathic concern as a component of warm-glow explains why people often strive to avoid empathic stimuli. In a distribution game by Dana et al. (2006), many exited the game even at a personal cost in an effort to avoid emphatic stimuli (considering what the recipient may feel). In another field study at a shopping mall with two entrances, Andreoni et al. (2015) implemented a 2 x 2 design where the solicitation style (only bell ringing and bell ringing with a verbal request) and location of the solicitor (at one door only or
at both doors) were manipulated for the annual Red Kettle campaign. The result shows that about 25% would-be entrants avoided the verbal request by going around to another door without a solicitor (Andreoni et al., 2015). These studies demonstrate that people incur a significant cost to avoid emphatic stimuli because it creates a strong tension that has to be resolved at some cost, either that of helping (and feeling warm glow) or feeling guilt (and not helping). The studies also found that when such tension arises, many choose to help and feel warm glow than to feel guilt from not helping. For example, Andreoni et al (2015) found that verbal request dramatically increased both the number of givers (by 55%) and total donations (by 69%). Such results demonstrate that while emphatic stimuli can be powerful in increasing warm glow and altruistic behaviors, it can also be aversive, rendering practical implications to the charity fundraising strategies.

Potential area of study: responsibility to help and warm-glow

Studies both in experimental and field settings have demonstrated that both the desire to maintain positive social image and the presence of emphatic stimuli increase warm-glow. Scholars have successfully demonstrated how effective manipulation of different variables can encourage more altruistic behaviors. For example, manipulation of default effect (Everett et al., 2004) and visibility [Andreoni and Bernheim, 2009, Ariely et al., 2009] have triggered the social image concern in warm-glow and thereby increased the total amount of charity donations. On the other hand, manipulation of mood [Isen and Levin, 1972; Harris and Huang, 1973; Cialdini et al., 1987], social distance (Hoffman et al., 1996), identifiability (Small and Loewenstein., 2003), inter-subject communication [Xiao and Houser, 2005; Andreoni and Rao, 2011], and verbal request (Andreoni et al., 2015) have triggered empathic stimuli, which led to increased altruistic giving both in experiments and in real life settings (e.g. charity donations). However, the relationship between warm-glow and many other factors are still unexplored and we identify responsibility to help as a potential variable that influences warm-glow and altruistic behaviors.

In real life, people find themselves in different situations where they feel varying degrees of responsibility to behave altruistically. For example, social expectation influences degree of responsibility to help: people feel more responsible to offer one's seat in a subway to elders when it is a social norm than when it is not. In other situations, other factors such as cause of the problem may influence perceived responsibility to help. For instance, people may feel more responsible to help when they believe they have partially contributed to the aggravation of the problem (e.g. water problems exacerbated by massive water waste in developed countries) than when they think they are not related in any meaningful way (e.g. the same problem caused by broken pipelines or ill-management by the local municipality).

The need to study the relationship between responsibility to help and warm-glow grounds on real life observations that people seem to highly value an altruistic behavior when the person does over and beyond one's responsibility to help others. For example, donating a kidney to a stranger tends to be more highly praised than donating one to a family member, as people believe it is beyond one's duty to help a stranger in such a sacrificing way. Accordingly, people who derive warm-glow from maintaining a positive social image would feel much warm-glow from going over and beyond their responsibility to help others.
than from fulfilling what others and themselves regard as a basic responsibility. Such a potential relationship between responsibility to help and altruistic behavior has sparsely been studied. In the early 1990s and 2000s, several studies have shown that people demonstrate more prosocial behaviors when they believe to have a personal responsibility to act [Baumeister et al, 1994; Rai and Fiske, 2001]. Harbaugh et al (2007) also sheds light on this field through an fMRI scanning where voluntary giving clearly showed activation of the reward-center in the brain while obligatory giving showed much less activation of the same region. Such results hinted at the potential connection between responsibility to help and warm-glow that compared to the one with low responsibility to help (voluntary), a situation with high responsibility to help (obligatory) would lead to less warm-glow (reward) from helping.

In recent years, some scholars began to study the relationship between warm-glow and autonomy of one’s action. Weinstein and Ryan (2010) found that when people do not have autonomy over their helping decision, they experience less emotional well-being after the altruistic behavior. For example, when helping was autonomous, people experienced improved mood after donating more money. However, when helping was obligated, people felt slightly worse after donating more money. Moreover, Dunn et al (2014) found that even one’s internalized moral standards can make people feel obligated to help, which leads to less warm-glow than when the participants feel no obligation. Lastly, a recent study by Erlandsson et al (2016) demonstrated that increased personal obligation to help reduces anticipated warm glow from helping and increases anticipated guilt from not helping.

We want to take these findings further and test whether the degree of perceived responsibility to help has an inverse correlation with the degree of anticipated warm-glow from helping, specifically in the context of charity giving. In other words, we hypothesize that the more one feels responsible to help a cause, the less warm-glow one would anticipate from helping. We also want to test whether people give more often and in bigger amounts when the perceived responsibility to donate to a charity is higher.

We believe testing our hypothesis could provide a significant insight about people’s real-life donation decisions. Charities tend to make people feel responsible to give, in an effort to call for more donations (e.g. you should donate because many others do so!). If our hypothesis is true, such a tactic may elicit more short-term donation but would decrease the warm-glow feeling that donors experience, which may reduce the chance of future donations or long-term engagements. Such a tradeoff would provide productive insight to charities in developing their long-term strategies.

**Hypothesis**

In our experimental design, we define warm-glow as a positive self-directed emotion that arises from being the agent of the altruistic action. We will measure anticipated warm-glow from an imagined altruistic behavior as a dependent variable, as studies have shown that anticipated warm-glow serves as a strong indicator that predicts the actual future altruistic actions, such as blood donations (Ferguson et al., 2008). Measuring anticipated warm-glow from imagined altruistic behaviors with varying degrees of responsibility to help would shed a meaningful light on people’s real-life altruistic behaviors and the motives.
Our main hypothesis is that people would anticipate more warm-glow from a possible altruistic action when the perceived responsibility to help is lower, and anticipate less warm-glow when the perceived responsibility to help is higher. In other words, people would anticipate more warm-glow feeling when they do over and beyond their responsibility to help a cause. We also hypothesize that people will give more often when the perceived responsibility to help is higher.

Experimental design and procedures

Participants
We will recruit American participants online using Amazon Mechanical Turk. Amazon Mechanical Turk is a website that allows researchers to post a task and facilitate payments to the subjects for completing the task. The advantage of this participant pool is that the subjects are more representative of the general population than student samples. Moreover, research has shown that Amazon MTurk provides reliable data (Buhrmester, Kwang & Gosling, 2011).

Another advantage of using Amazon MTurk is that it prevents any direct interaction between the experimenter and subject. This will reduce potential confounding variables, such as possible social pressure from and empathy towards the experimenter coming into play when the subjects make the donation decision.

Participants completing the experiment online will be paid $10 for their time, with an option to donate a portion of the participation fee to UNICEF. Accordingly, the final amount the participants would receive would be $10 - donation to UNICEF, which the system will automatically process and pay out the corresponding amount. We will collect the donations made by the subjects and deliver them to UNICEF, and will email the participants the receipt of the donation.

For preliminary data, we recruited 137 students in University of Pennsylvania through social media. They have participated in the preliminary study through an online survey.

Distractor Task
The experiment involves an IQ test as a distractor task. At the beginning of the experiment, subjects will read a script that says the primary goal of the experiment is to measure their IQs (look at Appendix A for instructions and questions). They will be given 16 IQ test questions to answer with a time limit of 20 minutes.

We have the IQ test as a distractor task with two main goals. First, we want the subjects to feel justified in receiving the $10 participation fee for their task, as an IQ test requires time and mental effort. This will give them a full sense of ownership over their participation fee of $10, from which they will be making an allocation decision for an altruistic cause. This will provide a more meaningful insight into people's real-life altruistic behaviors, where people donate money that are rightly owned and earned by themselves. On the other hand, if they were simply given $10 at the beginning of the experiment and were asked to allocate a portion of it to a charitable cause, people may consider it as “free
money” and behave differently (e.g. more generous).

Second, the task will distract subjects from conjecturing the experimenters’ study design and goals. If we simply give out questions in the beginning that measure the anticipated warm-glow, many subjects would be able to conjecture the main goal of the study, which may lead some of them to act against their first-hand instincts. As we would like to measure the most natural response to our questions with a goal to shed light on real-life behaviors, IQ tests will serve as a good distractor task that will make the subjects believe that the warm-glow questions are simply a “post-experiment” survey. In fact, 85% of the subjects in the preliminary study have answered that they could not guess the real purpose of the experiment. We predict this proportion to be much higher in the real experiment as some of the preliminary study participants were our personal affiliates who have previously heard about our study.

Main task
After completing the distractor task, the subjects will move to a page where they will be asked to fill out a brief “post-experiment” survey. This survey will be the “main task” of the subjects from the experimenter’s perspective: we will test our hypothesis that the subjects who are put in high-responsibility treatment would anticipate less warm-glow from their imagined donation than those in low-responsibility condition who imagine donation of the same amount. Nevertheless, people in high-responsibility condition are expected to give more often.

The independent variable manipulated in this experiment will be degree of responsibility to help. Subjects will be randomly assigned to read one of the three scenarios: Control, High 1, High 2. In Control scenario, the responsibility to help a cause will be manipulated to be low. In High scenarios, the responsibility to help a cause will be manipulated to be high. High 1 and High 2 refer to different ways to manipulate responsibility to help: in High 1, high responsibility to help will be generated by placing strong social expectations of altruistic behaviors on the subject; in High 2 scenario, high responsibility to help will be generated by framing that the subject has partly aggravated the victim’s need situation. The following are scripts of the three scenarios.

Control
Thank you for participating in this experiment. Please answer the following question carefully for a brief post-experiment survey.

At this very moment, more than 1.8 billion people lack access to safe water, and 100 people die every hour from water-related diseases. Governments in those regions are often incompetent to provide adequate infrastructure needed to solve water quality and supply problems.

UNICEF, an international Nonprofit Organization, helps those people in need of water, and we would like to support them by asking the participants to consider donating a portion of their participation fee ($10).
Getting out of your way to help others: Responsibility to help and warm-glow

High 1 (Social Expectation)
Thank you for participating in this experiment. Please answer the following question carefully for a brief post-experiment survey.

At this very moment, more than 1.8 billion people lack access to safe water, and 100 people die every hour from water-related diseases. Governments in those regions are often incompetent to provide adequate infrastructure needed to solve water quality and supply problem.

UNICEF, an international Nonprofit Organization, helps those people in need for basic water, and we would like to support them by asking the participants to consider donating a portion of their participation fee ($10). Most of the participants in the past have given some portion of their participation fee to this cause.

High 2 (Cause of the problem)
Thank you for participating in this experiment. Please answer the following question carefully for a brief post-experiment survey.

At this very moment, more than 1.8 billion people lack access to safe water, and 100 people die every hour from water-related diseases. While an average African uses 1.25 gallons (4.5 Liters) of water each day, an average American uses 100 gallons (379 Liters) of water per day, producing massive water waste that contributes to global water shortage.

UNICEF, an international Nonprofit Organization, helps those people in need for basic water, and we would like to support them by asking the participants to consider donating a portion of their participation fee ($10).

After the subjects have read the assigned scenario, we will measure three dependent variables of this experiment: the anticipated warm-glow from an imagined donation, the actual donation frequency and amount, and the perceived degree of responsibility to help after reading the scenario. We will first measure the anticipated warm-glow, the primary dependent variable, by asking the subjects to imagine how much warm, pleasurable feeling they would experience if they have given $1, $5, and $10 out of their participation fee ($10). This will allow us to compare the anticipated warm-glow across the subjects in three scenarios, as all the subjects would answer based on imagining the same amount of donation. Each of the three questions (with different donation amount) will be placed on a separate page in order to minimize one question’s influence on the other. Moreover, we manipulated the order of the question ($5 -> $1 -> $10) so that it would be difficult for the subjects to anticipate a pattern and answer without much contemplation. The following are scripts of the three questions.

(Page 1) Imagine that you have donated $5 out of your participation fee ($10) for this cause. How much “warm, pleasurable feeling” would you experience from your donation to this cause? (0 “not at all” to 10 “very warm”)
(Page 2) Imagine that you have donated $1 out of your participation fee ($10) for this cause. How much “warm, pleasurable feeling” would you experience from your donation to this cause? (0 “not at all” to 10 “very warm”)

(Page 3) Imagine that you have donated $10 out of your participation fee ($10) for this cause. How much “warm, pleasurable feeling” would you experience from your donation to this cause? (0 “not at all” to 10 “very warm”)

After answering these questions, subjects will be asked on the next page to decide on the actual donation amount to UNICEF, which will affect the actual payment that they will receive at the end. On the following page, we will measure the subjects’ perceived degree of responsibility to help this cause in order to assess whether we have successfully manipulated the independent variable (high vs. low responsibility to help).

(Page 4) Would you like to donate a portion of your participation fee ($10) to UNICEF? If yes, then how much? (out of $10)

*All the donations will be collectively delivered to UNICEF by the experimenters. All the participants will receive an email receipt of the donation once it is made.

(Page 5) To what extent did you feel obligated to donate to this cause after reading about it? (0: not at all obligated 10: very obligated)

After we have measured all dependent variables, we will ask for subjects’ background information (e.g. age, gender) and some procedural questions (Appendix B) aiming to measure the effectiveness of the study design. The subjects will then be debriefed about the experiment and be paid $10 - donation amount on their Amazon Mturk account upon their dismissal.

Rationale behind the order and content of questions
We designed this experiment to have the optimal order of questions that independently measure three dependent variables: the anticipated warm-glow, actual donation frequency and amount, and degree of responsibility to help. The anticipated warm-glow is the primary dependent variable that we would like to test, so we tested it first to prevent intervention from any other variables. Having donation decision or the perceived degree of responsibility to help as our first question can potentially influence the subjects’ anticipated warm-glow, due to Cognitive Dissonance (Festinger 1957) or the desire to be consistent with one’s behaviors. Moreover, it is difficult for the subjects to make hypothetical considerations after they already have made a donation.

We will measure the perceived degree of responsibility in the last question in order to prevent its potential influence over the donation decision. As the degree of responsibility to help is the main manipulation in this experiment, it is optimally important to prevent the subjects from consciously factoring in this variable when they make decisions about donation or the anticipated warm-glow. Accordingly, the ideal order of questions will be anticipated warm-glow first, actual donation frequency and amount next, and finally the
Getting out of your way to help others: Responsibility to help and warm-glow

...perceived degree of responsibility.

Lastly, when we measure the anticipated warm-glow, we will include three imagined amounts of donation ($1, $5, $10) as an effort to reduce possible influence of one amount as a reference point on the actual donation decision. Primacy and recency effect (Murdock, 1962) demonstrate that the first and last imagined amount may still influence the actual donation decision, but we believe the inclusion of three different imagined amount would significantly reduce its potential influence on the actual donation.

Result
The result analyzed in this paper is based on the preliminary data that we have collected over our online survey of 137 Upenn students. The participants of this preliminary study were recruited through personal network and social media. Although this preliminary study was not an experiment where the participants were paid, preliminary data analysis will not only shed light on how we will approach analyzing the real experimental data but also demonstrate that our study design effectively tests our hypothesis.

Out of the 137 survey results, 30 results were dismissed as the corresponding participant either correctly guessed the main purpose of the experiment (21 cases) or left the survey incomplete (9 cases). That provided us with with data of 107 samples (63 male, 44 female), out of which 38 were put into a Control treatment, 35 into a HIGH 1 (social expectation) treatment, and 34 into a HIGH 2 (cause of the problem) treatment.

Result A- Perceived responsibility to help the cause (Figure 1)

Figure 1. Perceived responsibility to help the cause in three treatments

Table 1. Perceived responsibility to help the cause in three treatments

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>High 1</th>
<th>High 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived responsibility to help</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>3.97</td>
<td>5.23</td>
<td>5.79</td>
</tr>
<tr>
<td>SD</td>
<td>3.11</td>
<td>3.25</td>
<td>3.33</td>
</tr>
<tr>
<td>SEM</td>
<td>0.50</td>
<td>0.55</td>
<td>0.57</td>
</tr>
<tr>
<td>N</td>
<td>38</td>
<td>35</td>
<td>34</td>
</tr>
</tbody>
</table>

We first tested whether our manipulation of responsibility to help resulted in a significant difference in perceived responsibility by the participants. T-test analysis of the preliminary data showed that the manipulation was indeed successful. High 1 treatment (M = 5.23, SD = 3.25) generated significantly higher responsibility to help than the Control treatment [M = 3.97, SD = 3.11; t(73) = -1.69, p = 0.048]. High 2 treatment (M = 5.79, SD= 3.33) even more successfully generated significantly higher responsibility to help than the Control treatment [M = 3.97, SD = 3.11; t(72) = -2.40, p = 0.009]. As both results were statistically...
significant, we concluded that our manipulation of the independent variable (responsibility to help) was successful.

Result B- Anticipated warm-glow from imagined donation to the cause (Figure 2)

Figure 2. Anticipated warm-glow from an imagined donation of three different amounts

Table 2. Anticipated warm-glow from an imagined donation of three different amounts

<table>
<thead>
<tr>
<th></th>
<th>Donation of $1</th>
<th>Donation of $5</th>
<th>Donation of $10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Control</td>
<td>High 1</td>
<td>High 2</td>
</tr>
<tr>
<td>Mean</td>
<td>3.97</td>
<td>5.23</td>
<td>5.79</td>
</tr>
<tr>
<td>SD</td>
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<td>3.33</td>
</tr>
<tr>
<td>SEM</td>
<td>0.50</td>
<td>0.55</td>
<td>0.57</td>
</tr>
<tr>
<td>N</td>
<td>38</td>
<td>35</td>
<td>34</td>
</tr>
</tbody>
</table>

Table 3. T test result of anticipated warm-glow from an imagined donation of three different amounts

<table>
<thead>
<tr>
<th></th>
<th>Donation of $1</th>
<th>Donation of $5</th>
<th>Donation of $10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>P (Con vs. High 1)</td>
<td>P (Con vs. High 2)</td>
<td></td>
</tr>
<tr>
<td>Donation of $1</td>
<td>0.074</td>
<td>0.143</td>
<td>0.447</td>
</tr>
<tr>
<td>Donation of $5</td>
<td>0.024</td>
<td>0.187</td>
<td>0.491</td>
</tr>
</tbody>
</table>

As a next step, we analyzed our main dependent variable, anticipated warm-glow, in three different treatments. Our finding suggests that when the participants imagined a small donation ($1), those in Control treatment ($M = 4.55, SD = 3.24$) anticipated significantly more warm-glow than High 2 ($M = 3.12, SD = 2.74; t(72) = 2.02, p = 0.024$). The Control treatment ($M = 4.55, SD = 3.24$) also generated more anticipated warm-glow than High 1 ($M = 3.51, SD = 2.80; t(73) = 1.46, p = 0.07$), although the difference was just a little short to become statistically significant ($p = 0.07 > 0.05$).

When the participants imagined a sizable donation ($5), those in Control treatment ($M = 6.63, SD = 2.85$) did anticipate more warm-glow than those both in High 1 ($M = 5.94, SD = 2.59; t(73) = 1.08, p = 0.143$) and High 2 ($M = 6.03, SD = ; t(72) = 0.89, p = 0.187$). However, the differences were not sufficient to be statically significant ($p = 0.143 > 0.05, 0.187 (High 2) > 0.05$).

Lastly, when the participants imagined a full donation ($10) of their participation fee, there was no significant difference among those in Control treatment ($M = 7.63, SD = 2.45$) and the High treatments (High 1: $M = 7.71, SD = 2.84$; High 2: $M = 7.62, SD = 2.76$).

Based on such results, we concluded that participants in the control treatment anticipated more warm-glow from an imagined donation of $1 than those in High responsibility treatments. There was no significant difference in warm-glow across treatments when the participants imagined a larger amount of donation, such as $5 and $10.
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We then finally analyzed our last dependent variable, actual donation frequency and amount, of the participants across three different treatments. In our preliminary study, we could not precisely measure this variable as we did not provide the participants with a participation fee ($10). Therefore, we instead asked the participants to imagine how much they would have donated out of their participation fee ($10), if they had actually participated in the experiment setting.

The result showed that participants in High responsibility treatments (High 1: M = 7.43, SD = 2.85; High 2: M = 7.77, SD = 2.74) anticipated giving significantly more than those in Control treatment [M = 5.90, SD = 3.14; p = 0.028 when Control vs. High 1; p = 0.008 when Control vs. High 2]. High 2 treatment had the highest proportion of participants who are willing to donate (91.2%), followed by Control treatment (81.6%) and High 1 treatment (80.0%).

Discussion of the preliminary data analysis
As we have not conducted the real experiment yet, it is beyond the scope of this paper to discuss the significance of the preliminary data in support of the hypothesis. However, we believe it is worthwhile to highlight some interesting aspects about the result of the preliminary data analysis.

First, we found that the manipulation of perceived responsibility to help was especially successful in High 2 treatment (p = 0.009) but much less so in High 1 treatment (p = 0.048). The analysis of the dependent variables (discussed in the following paragraphs) demonstrate strong support for our hypothesis in High 2 treatment, but less in High 1 treatment. We suggest improving the experimental design for High 1 treatment by strengthening the social expectations, that would in turn further increase the perceived responsibility to help (e.g. adding a phrase “we strongly encourage you to join other participants in helping those in need”).

Second, the analysis of the main dependent variable, anticipated warm-glow, demonstrate that participants anticipated significantly more warm-glow in Control treatment than in High 1 treatment (p = 0.024) when the imagined donation was small ($1). This finding supports our hypothesis that people anticipate much more warm-glow from altruistic behaviors when their perceived responsibility to help is lower-
other words, when they go over and beyond their responsibility to help others. The possible explanation as to why we do not observe such a strong pattern in higher amount of donations ($5 and $10) is that donating a significant portion of the participation fee (50% or 100% as opposed to 10%) may itself be an altruistic behavior much beyond one’s responsibility. As the participants perceive they have done more than required by their sense of responsibility, they would feel significant warm-glow regardless of which treatment they are assigned to. In order to test whether this explanation is valid, we could improve the experimental design by measuring perceived responsibility to help for each of the three amounts of donations (e.g. To what extent did you feel obligated to donate $1 to this cause after reading about it? $5? $10?). The result of High 1 treatment showed a strikingly similar pattern, but it failed to generate statically significant results. We believe improving the study design laid out in the previous paragraph would render a statistically significant result for High 1 treatment as well in the real experiment.

Third, analysis of the last dependent variable – actual donation frequency and amount- in our preliminary data also demonstrated support for our hypothesis. Under a strong responsibility manipulation (High 2 treatment), we found that high responsibility to act resulted in a higher percentage of people making (hypothetical) donation. More specifically, 91.2% of participants in High 2 treatment made (hypothetical) donations, compared to 81.6% of those in Control treatment (81.6%). We predict that more successful responsibility manipulation in High 1 treatment (80.0%) would provide a similar support for our hypothesis in the real experiment. Interestingly, High treatments (High 1: M = 7.43, SD = 2.85; High 2: M = 7.77, SD = 2.74) also showed significantly higher average amount (hypothetically) donated than Control treatment (M = 5.90, SD = 3.14), which was unexpected in our hypothesis. A possible explanation is that the amount donated reflects the opportunity cost of feeling guilt from not donating, which is projected to be much bigger in high responsibility conditions.

Limitations of the preliminary data
There are several limitations to our preliminary data analysis. First, the subjects in the preliminary study participated without any material reward and without any time pressure during the distractor task. As a result, participants lacked the incentive to maintain focus throughout the study, as noted by some post-experiment feedback. In fact, we observed some participants leaving early in the survey or making illogical answers to the questions, such as anticipating the warm-glow the most when the imagined donation amount was the least ($1). We believe that such seeming lack of focus was the primary reason why we could not see a successful responsibility manipulation in High 1 treatment, where the manipulation (adding just one line “most of the participants have donated some portion…”) was not as outright noticeable as High 2 treatment (“Average American uses…”). In the real experiment, we believe the subjects who now get paid will have a stronger incentive and sense of guilt (from not putting in full effort) that would motivate them to maintain focus throughout the experiment. We predict that better effort by the subjects along with stronger manipulation of responsibility will lead to a successful manipulation in High 1 treatment as well.
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Second, our current study design does not fully remove confounding variables, such as influence of one dependent variable over the other. As we explained in the previous section, we measured three different dependent variables in an order that minimize such confounding effects. We note that an ideal design would conduct three different experiments, each pertaining to measuring one specific dependent variable, as other researchers did in a similar experiment (Erlandsson et al., 2016).

**Conclusion**

Our study design tests whether a successful manipulation of the degree of responsibility to help leads to a meaningful difference in the anticipated warm-glow from an imagined donation. More specifically, we hypothesize that when the responsibility to help is higher, people would give more frequently but would anticipate less warm-glow from an imagined donation. This is because we observe people value an altruistic action more highly if they act over and beyond their responsibility.

Our preliminary data suggests that there is a potential for a strong case for our hypothesis. Under successful manipulation of responsibility (High 2 treatment), the data showed strong support for our hypothesis. The preliminary data has several limits of its own, but we believe those limits could be addressed in the real experiment to provide a meaningful result.

We believe our study would provide significant insight about people's real-life altruistic actions, specifically how perceived responsibility to help plays a part in donation decisions. To many charities that use various techniques to make people feel responsible to give, our study suggests that such a tactic may elicit more short-term donations but may decrease the warm-glow feeling that donors experience. This could potentially hamper a serious, long-term engagement of donors who are often driven by strong warm-glow feelings.

**Appendix A: Distractor Task**

**Script**

The participants coming into the experiment will read the following script on an online page, then will proceed to the next page to start the experiment. You will be asked to complete a short-IQ test for the next 20 minutes. The goal of this experiment is to measure IQ test score spreads. A simple after-experiment survey will be followed at the end. All of your responses will be kept anonymous.

**Questions**

The questions for the distractor task came from www.free-iqtest.net, the website where it provides free IQ test questions.
<table>
<thead>
<tr>
<th>Question Number</th>
<th>Question</th>
<th>Answer Choices</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Which one of the five is least like the other four?</td>
<td>- Dog</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Mouse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Lion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Snake</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Elephant</td>
</tr>
<tr>
<td>2</td>
<td>Which one of the five choices makes the best comparison? PEACH is to HCAEP as 46251 is to:</td>
<td>- 25641</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 26641</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 12654</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 51462</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 15264</td>
</tr>
<tr>
<td>3</td>
<td>Which one of the numbers does not belong in the following series? 2 - 3 - 6 - 7 - 8 - 14 - 15 - 30</td>
<td>- Three</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Seven</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Eight</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Fifteen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Thirty</td>
</tr>
<tr>
<td>4</td>
<td>Which one of the five choices makes the best comparison? Finger is to Hand as leaf is to:</td>
<td>- Twig</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Tree</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Branch</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Blossom</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Bark</td>
</tr>
<tr>
<td>5</td>
<td>Choose the number that is 1/4 of 1/2 of 1/5 of 200:</td>
<td>- 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 50</td>
</tr>
<tr>
<td>6</td>
<td>John needs 13 bottles of water from the store. John can only carry 3 at a time. What’s the minimum number of trips John needs to make to the store?</td>
<td>- 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 4.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 6</td>
</tr>
<tr>
<td>7</td>
<td>Choose the word most similar to “Trustworthy”:</td>
<td>- Resolute</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Tenacity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Relevant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Insolent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Reliable</td>
</tr>
</tbody>
</table>
### Getting out of your way to help others: Responsibility to help and warm-glow

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>If you rearrange the letters “LNGEDNA” you have the name of a(n):</td>
<td>- Animal&lt;br&gt;- Country&lt;br&gt;- State&lt;br&gt;- City&lt;br&gt;- Ocean</td>
</tr>
<tr>
<td>9</td>
<td>If all Bloops are Razzies and all Razzies are Lazzies, then all Bloops are definitely Lazzies?</td>
<td>- True&lt;br&gt;- False</td>
</tr>
<tr>
<td>10</td>
<td>Which one of the numbers does not belong in the following series?</td>
<td>- 1&lt;br&gt;- 5&lt;br&gt;- 26&lt;br&gt;- 29&lt;br&gt;- 48</td>
</tr>
<tr>
<td></td>
<td>1 - 2 - 5 - 10 - 13 - 26 - 29 - 48</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Ralph likes 25 but not 24; he likes 400 but not 300; he likes 144 but not 145. Which does he like?</td>
<td>- 10&lt;br&gt;- 50&lt;br&gt;- 124&lt;br&gt;- 200&lt;br&gt;- 1600</td>
</tr>
<tr>
<td>12</td>
<td>What is the missing number in the sequence shown below?</td>
<td>- 36&lt;br&gt;- 45&lt;br&gt;- 46&lt;br&gt;- 64&lt;br&gt;- 99</td>
</tr>
<tr>
<td></td>
<td>1 - 8 - 27 - ? - 125 - 216</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Which one of the following things is list is the least like the others?</td>
<td>- poem&lt;br&gt;- novel&lt;br&gt;- painting&lt;br&gt;- statue&lt;br&gt;- flower</td>
</tr>
<tr>
<td>14</td>
<td>Which number should come next in the series?</td>
<td>- 8&lt;br&gt;- 13&lt;br&gt;- 21&lt;br&gt;- 26&lt;br&gt;- 31</td>
</tr>
<tr>
<td></td>
<td>1 - 1 - 2 - 3 - 5 - 8 - 13</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Mary, who is sixteen years old, is four times as old as her brother. How old will Mary be when she is twice as old as her brother?</td>
<td>- 20&lt;br&gt;- 24&lt;br&gt;- 25&lt;br&gt;- 26&lt;br&gt;- 28</td>
</tr>
</tbody>
</table>

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If you rearrange the letters “CIFAIPC” you would have the name of a(n):
- city
- animal
- ocean
- river
- country

Appendix B: Procedure questions

1. The procedures followed in this experiment protected your anonymity (0: not at all  5: definitely yes)

2. The money you passed to UNICEF will be sent to UNICEF (0: not at all  5: definitely yes)

3. The instructions for the experiment were clear and easy to understand (0: not at all  5: definitely yes)

4. The recipients of your donation to UNICEF are deserving of support (0: not at all  5: definitely yes)

References


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Getting out of your way to help others: Responsibility to help and warm-glow


Understanding and Connecting Cultures within the World of Advertising

Isabella Rahm

Abstract
The advertising industry is a human enterprise at its core, constantly relying on and affecting human thoughts and behaviors. Advertisements for products and services reflect cultural messages and the values that shape our daily lives. This two-part article first offers a literature review of the effect of antismoking ads on teenagers’ behavior and attitudes towards smoking across Western, English-speaking societies within a cultural psychology framework. Then, it applies the themes from this literature review in presenting the results of a qualitative study exploring how employees at gyro, a business-to-business advertising agency, incorporate cultural thinking into their advertising process. Conclusions drawn in my review indicate that visceral negative and personal testimonies appealing to the emotions of a teenage audience positively affect youth and discourage them from smoking across cultures. Moreover, the digital age is transforming youth culture because adolescents are increasingly interacting by sharing posts and photos online via social media. Consequently, stronger reliance on online communication can extensively impact communities by closing some of the major cultural gaps. The review indicates that youth antismoking advertising evolves as a subculture in much the same way that larger cultures do. The qualitative study complements this underlying cultural evolution by demonstrating that advertisers actually do use methods of advancing culture in their work. In fact, the study reveals that culture is central to the creative advertising process. For instance, advertisers adjust the content of a message depending on whether a client is asking for a global, national, or regional campaign, in order to appeal to the right audience and deliver interesting and emotional experiences. Advertisers use tools, drawing from cultural psychology, to make their messages maximally effective and attractive. It is important to understand culture in order to create connections between societies around the globe within the world of advertising.

Introduction
Culture is the blend of ideas, institutions, and interactions that encompasses how a group thinks, feels, and acts. It helps create a network of thoughts, behavior, and feelings around an idea, and this network of information activates when we encounter something that reminds us of this idea. Thus, culture comes to dynamically shape the way we think (Markus & Conner, 2014). Advertising is also linked to our thoughts and behavior. Marketers define advertising as “messages that impart information about products which consumers use to make brand choices,” (Frith, 1997, p.3), yet advertising does more than just convey product information. In fact, it tells us what products signify and mean by associating aspects of the product to aspects of culture. This marketing communication appears to us in forms such as posters, videos, and social media posts, as technology moves us deeper into the digital age.
Advertisements are not just messages about goods and services but social and cultural texts about us. Embedded within these messages are the cultural roles and values that define our everyday lives. Ads reflect society and by undressing them, we can begin to see the role advertising plays in the creation of culture, since the products we consume are generally cultural signifiers that express who we are (Frith, 1997). The “background” of ads creates the context without which there can be no meaning associated with the ad for consumers to understand (Frith, 1997). In the end, advertising only makes sense when it resonates with certain deeply held belief systems.

**Antismoking Advertising**

Antismoking ads are a type of advertising that seek to demonstrate the detrimental effects of smoking on a person's health and change people's behavior and attitudes towards it. Smoking is a leading cause of death around the world, and despite declines in adolescent smoking in developed countries such as the US and Australia, smoking among young adults continues to be relatively high, with a 16.7% participation rate in the US and 23.2% in Australia (Dunlop, Freeman, & Jones, 2016). Attempts have been made to limit the exposure of younger generations to cigarette consumption to save them from health issues because 80% of smokers initiate their cigarette use before the age of 18 and continue to become regular, addicted smokers (Kim, 2006). Teenagers are being educated in school about the health concerns regarding tobacco usage; nonetheless, “knowledge of the consequences has not deterred many youths who feel they are personally invulnerable to [its] risks” (Pechmann & Ratneshwar, 1994, p. 236).

Given the evidence demonstrating the impact of tobacco promotion on tobacco use, the WHO Framework Convention on Tobacco Control (FTC) requires an inclusive ban on tobacco advertising, promotion, and sponsorship. However, the continually evolving landscape of social media offers a prime opportunity for tobacco companies to promote products to adolescents when advertising in traditional media is prohibited (Dunlop et al., 2016). While most social network sites, such as Facebook and YouTube, have policies restricting the direct advertising of tobacco products, the definition of advertising is only applied to paid forms of promotion like ads embedded in videos or ads that appear for keyword searches (Dunlop et al., 2016). Data from the 2011 National Youth Tobacco Survey showed that around 50% of US middle and high-school students had received tobacco ads or promotions via Facebook or MySpace in the past 30 days (Dunlop et al., 2016). Moreover, Liang and colleagues’ study of the top 70 popular cigarette brands found that 43 of the brands had created 238 Facebook fan pages with almost 1.2 million page likes and circa 19,000 posts (Liang et al., 2015). Antismoking advertising in the US has been a prominent component of tobacco control initiatives, and it has been associated with declines in smoking prevalence among youth and adults in states where such advertising has been used. Similarly, in Australia, it has been an important effort since the early 1980s and it has generated public awareness and positive responses among youth and adults (Wakefield et al., 2003). Britain has also employed tobacco control programs but has only achieved limited success, as evidence shows British American Tobacco (BAT) employees have promoted BAT and BAT brands on Facebook by joining and administrating groups and posting photographs of BAT events, products, and promotional items (Dunlop et al., 2016).
Over the years, research has been conducted to observe teenagers’ reactions to advertising campaigns that either enhance or detract from the smoking image. This literature review provides an analysis of a number of these studies focusing on how teenagers are affected by antismoking ads, and whether or not this differs across cultures. Specifically, this section will explore the following question: What are the effects of antismoking ads on teenagers’ behavior and attitudes towards smoking across Western, English-speaking cultures?

Ideas are made more communicable by creating emotional connections and embracing the resources of our digital age (Dunlop et al., 2016). These elements of cultural evolution tend to characterize antismoking ads and affect culture through advertising. Not all antismoking ads are equal in terms of efficiency in changing smoking related beliefs and behaviors. Our emotions are grounded in the belief systems that shape our interpretations, and they are influenced a great deal by culture. Wakefield and colleagues (2003) found that ads with visceral negative or personal testimonial executional characteristics were assessed more positively by youth across the US, Australia, and Britain. Specifically, they compared the similarity in how youth in these nations evaluate antismoking ads with different characteristics and found that adolescents from the three cultures responded in very similar ways to the same ads. Out of the ten adverts that received the highest impact scores, four were aimed at a youth audience and contained themes that included health effects, secondhand smoke, and industry manipulation. These four all featured personal testimonial or visceral negative characteristics and were rated as ‘very good’ antismoking adverts by over 90% of the participants (Wakefield et al., 2003). Executional features associated with emotional reactions carried the strongest and most consistent effect on advert appraisal and engagement, and since the three Western, English-speaking cultures had similar reactions, such advertisements and emotions might be more actively shared among the nations. Even though British participants remembered significantly fewer ads (27% vs 43% in the US and Australia), the ones they did recall were the same ones as youth in Australia and the US. While these three cultures differed in some ways, the visceral negative and personal testimonies were a major force in how adolescents responded to the ads.

Ideas in advertising are often made more emotional in order to be communicated, and antismoking ads are designed to appeal to adolescents to be more persuasive (Kim, 2006). Edwards, Oakes, and Bull (2007) conducted a study regarding portrayal of tobacco in movies in Australia. Results demonstrated that placing an antismoking ad before movies containing smoke scenes can help immunize non-smokers against the influences of movie star smoking (Edwards et al., 2007). This supports the findings of Pechmann and Shih (1999), who conducted a similar study in California: subjects that saw an antismoking ad tended to have negative thoughts about smoking. While movie scenes featuring celebrities smoking produced elevated levels of positive arousal, advert appearance moderated the emotions associated with wanting to follow in the footsteps of the celebrity (Pechmann & Shih, 1999). Anger, fear, and disgust are part of the set of basic emotions that are universally recognized (Heine, 2012) and these are the emotions marketers want to emphasize when getting people to avoid cigarettes. Therefore, making emotional connections via ads seems like a universal opportunity to affect youth in relation to antismoking.

Youth take up the smoking habit because they think smokers look cool and adventurous
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and because they want to enhance their own image and self-esteem. Cigarette advertising effectively enhances positive smoker stereotypes causing subjects to think favorably of peers who smoke (Pechmann & Knight, 2002). However, showing an antismoking ad in conjunction with cigarette advertising can make salient negative smoker stereotypes (Pechmann & Knight, 2002). Pechmann and Ratneshwar (1994) exposed nonsmoking teens in Southern California to cigarette, antismoking, or control ads embedded in a magazine and subsequently presented information to the subjects about a peer who was either a smoker or not. They concluded that young adolescents who are exposed to antismoking ads produce more negative smoker inferences and recall more negative items about him or her (Pechmann & Ratneshwar, 1994). A decade later, the study by Pechmann and Knight (2002) produced very similar results.

Similarly, adolescents are often concerned about finding ways to fit in with a certain group or trying to match a certain image (Kobus, 2003). While cigarette advertising can promote this activity, antismoking ads can positively affect youth within the American culture when they capitalize on the motivation to fit in. The fewer teenagers who smoke, the less popular it will be for others to begin; hence, the cultural trend will be to not smoke. Celebrities can also have an impact in shaping teenagers’ behavior through the products they endorse in advertising, videos, and movies. Content analysis of US Top 40 YouTube music videos showed that tobacco imagery appeared in 22% of the videos. Of the 32 most popular YouTube music videos containing alcohol or tobacco content, 81% of British adolescents had seen at least one and the average number of videos seen was 7.1 (Dunlop et al., 2016). However, antismoking advertising before movies in which characters smoke has a distinct effect on attitudes regarding smoking in the US and Australia, and so placing an antismoking ad before the movie’s start can help dissuade smoking admiration and cigarette consumption in these Western cultures (Edwards et al., 2007). Antismoking advertising can prime or remind adolescents of their preexisting negative stereotypes. In fact, one antismoking ad can offset the effect of three cigarette ads (Pechmann & Knight, 2002).

As we transition into a digital age, the Internet has provided marketers with new channels and tools to disseminate messages as well as a potential to reach young people more quickly and directly. The rise of social media has taken place concurrently with changes in the way people access the Internet. The use of mobile devices, which allow access from anywhere at any time, means that people are exposed to marketing messages on social media near or at the point of purchase (Dunlop et al., 2016). Data from Pew Research Centre shows that 92% of 13-17-year-olds in the US report going online daily (Dunlop et al., 2016). Facebook is the most common social networking site, and while most usage data comes from the US, Australia had 12M users in 2014, and in the UK more than 40% of 6-14-year-old and 90% of 15-24-year-old Internet users were accessing Facebook in 2011 (Dunlop et al., 2016). Facebook, integrated into the lives of many young adults, represents a promising strategy to deliver smoking cessation interventions through the use of accessible technologies that enable user-driven participation and interaction. Campaigns have used social media integrated with smart-phone apps to encourage smoking cessation among young adult smokers. For example, visitors to the Canadian “Break It Off” website could upload a video of their “break up with smoking” experience as well as announce their break-up status to friends via Facebook. In the first four months of
the campaign, total visits to the website equaled 44,172, and there were 3,937 installations of the app and 339 interactions via social media components (Dunlop et al., 2016). Another example, “Crush the Crave”, was promoted through Google and Facebook ads from April 2012-April 2013, and the campaign Facebook page had 34,690 likes and a total reach of 7,892 people (Dunlop et al., 2016). The large-scale engagement and involvement with these online campaigns demonstrates that digital communication can have extensive impact on communities.

With social media being used on a global level there is a strong likelihood for transmitted culture to occur through a virtual nature. Transmitted culture is when people come to learn about particular cultural practices through social learning or by modeling others who live near them (Heine, 2012). By engaging online and sharing posts, photos, and videos via social media, people may be far apart but they are interacting and learning very much about each other and different cultural practices. This means that cultural gaps are becoming smaller, so in the design of effective antismoking ads, attention needs to be paid to characteristics that appear to optimally engage youth to encourage them to share the ads and its messages across different social and consequently cultural environments. Unsurprisingly, advertising, especially through the Internet, is evolving youth culture and setting new universal cultural norms.

**Implications**

Smoking depictions in mass media can shape behavior by influencing social norms and through behavioral modeling. For years, tobacco practitioners have recognized a need to counter the prevalence of pro-smoking messages with social marketing campaigns discouraging the uptake of smoking among youth and encouraging smokers to quit. Considering the research that has been performed and the results that have been observed, one takeaway is that by establishing characteristics of advertisements that are effective in a variety of contexts, the development of new ads can be undertaken in ways that are likely to best achieve tobacco control objectives. Research has highlighted the role of personal testimonies in delivering persuasive antismoking messages, and the efficacy of negative visceral images is supported by a mass communications theory emphasizing the importance of emotional engagement in communicating messages to audiences who may not be particularly interested in the subject matter (Wakefield et al., 2003).

Given that emotional engagement is key, messages need to align to sentiments that are culturally fit and emotionally effective in different areas. Specifically in Wakefield’s (2003) study, there was no effect of target audience; in other words, the four ads that received the highest impact score were all targeted at a general audience and included vivid portrayals of negative health consequences of smoking. One implication of this is that if youth in different countries respond similarly to ads, a strong case can be made for the sharing of such ads with aligned positive effects across nations resulting in financial savings. In fact, findings could encourage the open exchange of antismoking advertisements between countries, extending the budgets of tobacco control programs. This could pave the way for the more global use of mass media tobacco control campaigns encompassing and accounting for cultural differences.

This literature review indicates that elements of cultural evolution impact advertising in youth antismoking and it is clear how these ads can change youth culture, but do advertisers
actually seek to create this cultural change and use these tools in their real work? Examining advertising from a broader perspective and considering the increasing exposure to media we are experiencing today, as well as the explosive growth of content and campaigns that are created at different agencies and delivered regionally, nationally, and globally, a two-part question can be posed: (1) What methods do advertisers exploit when trying to sell an idea? (2) Are these strategies modified by the culture to which they are selling?

Qualitative study with gyro
For the qualitative study section of this paper, semi-structured interviews were conducted with gyro employees and general observations concerning their advertising process were recorded from meetings and status calls. Employees were asked about their perceptions of the ways in which culture influences their creative and content strategies and about their experiences in the agency.

gyro: UNO.

gyro is a business-to-business advertising agency with a global presence guided by a culture termed “UNO.” UNO culture means that gyro offices around the world are not in competition with each other but instead work together: “We talk to each other, we work together and we share the challenges and triumphs the creative life brings” (C. Becker, internal communication, July 25, 2016). The idea is to have no borders or walls, just diverse talents around the world, working as one, for the good of all clients; this culture is extremely beneficial to understand and develop content strategies for worldwide campaigns (O. Reed, personal communication, July 11, 2016). gyro’s single mission is to produce ideas that ignite and, most importantly, ideas that are humanly relevant; thus, UNO is how the company ensures that nothing comes between their clients and ideas that can transform the clients’ businesses. gyro employees are proud of their culture and follow what it stands for to heart: “Three, two, one… UNO!” (C. Becker, internal communication, July 25, 2016).

Content Strategy Across Borders
Physically moving to a new environment with a different culture requires adjustment over a variety of domains including language, interpersonal and social behaviors, understanding of accustomed values, and regulation of one’s self-concept. Acculturation is the process by which people migrate to and learn a culture that is different from their original or heritage culture (Heine, 2012). The acculturation process is applicable to advertising as well, and gyro employees agree that advertising content has to be adjusted as it travels across cultural borders. If a client wants a worldwide campaign, then headlines, images, and copy (the text of a print, radio, television, or other advertising message that aims to catch and hold the interest of the audience) have to be adequate in English but also translatable to all regions to which the client is selling or targeting around the world. In order to accomplish this goal, most agencies with an international presence like gyro will work parallel with their other offices to ensure timelines and content is aligned for major outreach (D. Rosenthal, personal communication, July 11, 2016). Social strategies need to be developed in tandem to achieve powerful and comparable results across regions.
Research is often performed on markets either by the agency, the client itself or a third party to test how images and headlines will perform in front of different audiences. This process is followed by substantial communication between gyro offices and between the account management team and the client. One creative director discussed the importance of stepping into the shoes of the consumer and visualizing the life and the preferences of this character for the tactical creative brief and development of deliverables (T. Oldershaw, personal communication, July 14, 2016). The creative brief is a document generated from initial meetings and discussions between a client and creative design team to guide and inform the work that will be produced; furthermore, deliverables are the ads and additional advertising content that is produced from the brief. Strategy can be different across regions, but most large corporations want to produce global advertising content for their products and services (unless it is a campaign directed at a singular event like the Black Hat Conference in Las Vegas this year sponsored by HP, for which gyro created all social and physical deliverables). Therefore, the advertising agency has to discuss how to create globally approved content while not diluting the messages. This is the greatest challenge for worldwide campaigns: delivering unified content that is not weakened by the global approach, but strong enough to impact all consumers (O. Reed, personal communication, July 11, 2016).

The natural approach, especially for gyro via their UNO culture, is to coordinate internally when the client wants non-geo-specific content. The office that originates the work with the client will provide a baseline creative strategy and will work and open up conversation with other countries after having thought out a clear general creative journey. Then, between the regional offices, the account management teams and creative directors discuss anything that seems “off” with an asset for a particular region or “culture.” For example, recently the copy of a print ad for a client’s campaign was changed to refer to a sushi boat during lunch instead of a rye sandwich because eating sushi is more universal. The rye sandwich was associated as being very American (O. Reed, personal communication, July 11, 2016). Interestingly, while Western regions are very similar in terms of appreciation and understanding of media messages, some things are simply considered “American.” Another similar example was a visual asset put together in an office in the US and showed a man with his feet on the table to depict relaxing, but in many East-Asian nations this is disrespectful, and some countries in Europe would also find this a strange act in the presence of others. For gyro, APJ is the region that poses most concern (O. Reed, personal communication, July 11, 2016). While gyro has an office in Singapore, they are the most removed and different from the West, but gyro employees collaborate to find ways to incorporate and fit into the APJ regional expectations and cultural outlook since this is a large and important area to market to for their clients (A. Yom, personal communication, July 11, 2016). In the end, the amount and breadth of coordination across gyro offices depends on whether the requested campaign is to be international, national, or regional. Moreover, agencies often test headlines in multiple languages because they want a unified message that is impactful and identifiable across languages. Sometimes the English versions of headlines work in countries even where the primary language is not English, but occasionally ads have to be translated because citizens will not understand the English communication. Translations, however, can be complicated too. A literal translation might not be enough to deliver a message, since sayings and jargon may not be applicable cross-
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culturally. Names and sentences should flow in all tongues, and as a result, there is a need to understand culture, in which language is embedded, to reflect a particular meaning both verbally and visually. Finally, making content specific to different areas for visual and verbal appeal is not the only reason advertising agencies need to be careful when creating ads, but there are also different regulations and laws that have to be followed in different countries around the world. For example, the boundaries imposed by the US concerning the creative process in terms of law and cultural concerns are different than those of France: “When advertising in the US, I’m allowed to do an open comparison between two brands like Apple and Samsung within my advertising, whereas this is completely forbidden in France (E. Navarrete, personal communication, August 1, 2016). This is very important to consider when looking at the campaign landscape and how it is going to be delivered. In summary, an agency begins with a creative framework, develops a planned journey, and then the countries and offices in all regions that are included in the campaign need to approve and accept content deliverables.

Engagement

The most basic needs of marketing are to forge differentiation and be useful and valuable to people, so brands and agencies need to put real people at the center of everything they do. Great communication ideas act as a bridge between what people are interested in and care about and what advertisers make; it is a bridge between real life (i.e., culture), and commerce. Advertisers need to help brands have a point of view on the world, not just a position in their category, while still following a brand’s guidance. gyro’s mission to create humanly relevant ideas means “bringing real emotions to people and having an added value; not just advertising out of nowhere and for no one” (E. Navarrete, personal communication, August 1, 2016). The goal is always to create delightful and interesting experiences between companies and people, and this is almost always inspired by emotion. Engagement has always been fundamental in advertising and it is even more apparent now given the rise of participatory platforms and the ability for people to interact with brands. While there is no single definition or variable to measure engagement on, for Gareth Kay, the co-founder of Chapter, it is about true emotional engagement—making a brand matter more and making it more top of mind (Kay, 2012). In fact, Peter Field, a marketing consultant, studied the database of the IPA awards to show that the most successful ads that drove business were also the most emotional. Creative director at gyro SF, Trevor Oldershaw, says it is important to inspire a story and not just deliver individual messages when producing a marketing campaign. In the end, emotion is the key to intimacy between brands and people.

Diversity is also important in advertising content. Most companies are interested in delivering images of diversity and unity. This means they want people of different ethnicities when they are selling ideas related to people and connections. Teams and families presented in content should be of diverse races, ethnicities, and backgrounds, but this should not be overly forced, just representative of reality. In other words, it is important to match casting so that grouping for images makes sense. Most business-to-business marketing requires that talent should be real people to sell a concept and make sure members of the audience can put themselves in that position. The idea is to capture fluidity with what happens on a set while also making some direct placements, but it is not helpful to make it feel idealized.
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(T. Oldershaw, personal communication, July 14, 2016). Photo shoots for advertising can be of two kinds: a product shoot or a conceptual shoot. For the first, lighting and product-centricity in the images is essential while capturing an emotional connection is key in the latter. In terms of location, for international campaigns, the spaces must resonate globally as well. Consumers selectively attend to ads that support their prevailing product-related attitudes and behaviors to avoid cognitive dissonance and preserve self-esteem (Pechmann, 1999).

While delivering and achieving emotional connection with consumers is key, it cannot always happen via facial expressions and reactions in the print ads. When creating content for clients running global campaigns, it is important to avoid showing non-geo-specific images of people. Images of human faces can generate different reactions or sentiments across audiences, so simply showing products or human bodies is the best method for creating a unified reaction across an international audience (S. Welborn, personal communication, July 14, 2016). Strategists and creative directors strongly consider cultural norms and differences across regions to produce adverts that engage audiences emotionally and successfully.

The Advertising Industry and its Future
The advertising industry consists of many agencies working together. Often clients request many deliverables, which are completed by different agencies; in other words, there can be a combination of work performed by agencies including gyro, Brain Juicer, Aniden, and DesignKitchen for a single campaign. These agencies are sometimes called “frenemies” because while they are direct competitors, they need to work together to deliver marketing research and final work to the client, and in the end all social content, videos, print ads, etc. need to be aligned regarding the creative design and messaging. The industry is thus intricately connected and requires teamwork across offices both internally and externally. Moreover, the industry is changing, and clients are always challenging agencies to adapt faster (Robinson, 2016). The industry’s strategic and creative skills can be more useful in shaping the products and services that clients make and the way they operate rather than just being storytellers on behalf of products (Robinson, 2016). Advertising is moving away from simple promotion to product innovation (V. Patil, personal communication, July 19, 2016). Product innovation means creating innovative and original ideas or improving existing products to help brands explore beyond their core products and services. Many new agencies have departments allocated to this or are completely immersed in product innovation to create experiences that genuinely make lives better. It is becoming increasingly difficult for companies to keep up with the changing expectations of consumers, and hence product innovation enables agencies to offer an added value and service not only to their clients but also to people in general.

Storytelling is important, as emphasized by Oldershaw, but how stories are told has transformed with culture, and technology has shaped emerging culture and behavior dramatically over the last two decades. Today, brands need to create real value in order to be meaningful, distinct, and humanly relevant. Advertisers need to think less about what a client’s brand says and more about how it can be useful. The future of advertising is less promotional activity and more innovation that will fit in to cultures and behaviors and
enhance experiences. Advertising is constantly evolving to be able to support and deliver the commercial creativity pioneering businesses need today and in the future.

**Conclusion**

Interconnections among cultures through advertising are resulting in the formation of a global culture. These interconnections are developing much faster with increasing technology and the spread of ideas across the Internet. In other words, while the sharing of ideas across cultures and contact has always existed, technological innovations have eased long-distance communication and transportation allowing information to spread instantly and virally (Dunlop et al., 2016). Moreover, research and results regarding the impression of antismoking adverts across different Western, English-speaking cultures shows that emotion drives behavior (Wakefield et al., 2003). This knowledge is extremely useful for advertisers; in fact, agencies observe elements of cultural evolution and apply tools of creativity, emotion, and cultural appeal to produce a wide variety of advertisements and forms of marketing communication.

Large companies are now global entities that have outgrown their cultural boundaries, and people from cultures around the world are encountering many similar experiences in this age of globalization. However, the consideration of culture is still critical in marketing and advertising campaigns. Agencies plan photo shoots, develop planned journeys, and produce creative frameworks with cultural values in mind. Considerable thought, communication, and teamwork goes into creating and delivering content and messages that are suitable and impressionable for regions across the globe (O. Reed, personal communication, July 11, 2016). Advertising is a very complex, yet incredibly interesting and dynamic industry evolving, changing, and connecting with cultures across the globe.

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Isabella Rahm


Reframing Reproductive Rights: 
Introducing the Intersectionality of Socioeconomic Class into Questions of Reproductive Autonomy

Allison Sands

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Introduction
In the United States, the reproductive rights movement has by and large been an effort to secure and maintain reproductive autonomy for middle- and high-class Americans. Most leaders in reproductive rights have been wealthy white women who, although working towards the rights of women, have largely ignored questions of access for any woman who does not fit their privileged view of what a woman is. For example, Margaret Sanger founded Planned Parenthood in 1921 and then went on to support the compulsory sterilization of thousands of low-income women, primarily women of color. While what Sanger did for the reproductive rights movement in her creation of Planned Parenthood has been invaluable for millions of women, her actions later in her career were deeply damaging to low-income populations. In fact, because most reproductive rights campaigns have focused on the sheer legality of mechanisms of reproductive autonomy (i.e. abortions and contraceptives), the question of access has not been one these campaigns have examined, and more marginalized populations have been excluded from the fight for reproductive autonomy. While many of the resources that could help increase autonomy are technically available, they are not always accessible to all populations. This issue is particularly prevalent for low-income women.

When the Social Security Act passed in 1935, Aid to Families with Dependent Children (commonly known as “welfare”) created an entitlement program to support low-income families with children. Theoretically, this legislation provides low-income families with the resources necessary to obtain food and other critical provisions, but simply providing financial aid has not done enough to lift poor families out of poverty. The

1 For the purposes of this analysis, the use of the word “women” will indicate cisgender women. This is not intended to be exclusionary of any non-cis identities. It simply narrows the scope of this analysis to discuss issues in reproductive rights specifically pertaining to cisgender women.

issue of financial stability is thoroughly exacerbated by the disability of many low-income women to be autonomous in controlling their reproductive systems. This is not an issue of simple capability or willpower; many low-income women struggle to raise families, even in two-parent households, because they are legally unable to make decisions that affect their survival. Because low-income women have little control over if and when they have children and the resources they are able to provide, they often become ensnared in a cycle of poverty from which they cannot free themselves.

Generally speaking, there has been significant progress made on behalf of women's reproductive autonomy, ever since the hallmark 1973 Supreme Court decision Roe v. Wade. In Roe v. Wade, a woman's right to obtain a safe and legal abortion was verified through the inclusion of reproductive autonomy as an aspect of the right to privacy implicit in the United States Constitution. Since this case, however, pressure from conservative politicians has mounted to cut down a woman's ability to obtain an abortion. For example, in 1992, Planned Parenthood of Southeastern Pennsylvania v. Casey was decided by the Supreme Court in favor of restrictions to obtaining abortions with the exception of what the court determined to be “undue burden” on the woman looking to obtain an abortion. In this case, the requirement of written approval from the fetus's father was deemed an undue burden, but the requirement of parental consent for minors obtaining an abortion was upheld, as were other aspects of the Pennsylvania law Planned Parenthood challenged in this lawsuit. Similar challenges to reproductive freedom have continued to restrict women's abilities to control their reproductive systems. For example, from 2011 to 2014, state legislatures enacted two-hundred thirty-one new abortion restrictions, and, in 2015, 57% of women lived in states considered to be “hostile” or “extremely hostile” to reproductive rights.

These affronts to reproductive freedom have not affected all women equally. Wealthy women are able to travel to obtain abortions if their state does not legally allow abortions to be performed, purchase birth control without coverage from insurance, and afford preventive reproductive health care on a regular basis. Even middle-class women can typically afford to have children and care for them as needed. But women who do not qualify as high- or middle-class are not so privileged; their lack of reproductive autonomy creates a serious hazard. Because of their socioeconomic position in society, low-income women are disadvantaged in their ability to exercise their reproductive rights.

Current literature discussing reproductive rights, however, typically frames the issue as being of equal consequence to all women. That is, most articles, books, and other sources concerning the rights of women's reproductive autonomy address the issue as one of gender inequality. According to these works, because women are restricted in their ability to exercise agency in their reproductive choices, the issue is, at its heart, a women's issue, and not one based on class. The intersectionality of reproductive rights rarely comes into play in the current literature and, when it does, it tends to concentrate more on the racial divide in reproductive autonomy than it does on class as indicative of agency.

One notable work addressing the racial divide in reproductive autonomy is Angela Davis's piece on Racism, Birth Control, and Reproductive Rights. In this piece, Davis reminds the reader that the freedoms women have gained in the fight for reproductive autonomy have not been equally distributed among racial or ethnic groups. Additionally, Davis notes...
that the movements themselves that worked for reproductive justice did so at a direct cost to racial equality, resulting in reproductive rights groups turning a blind eye to the coerced sterilization occurring in racial minority communities at that time, among other egregious acts of ignorance and racism towards women of color. Some leaders like Margaret Sanger did not just turn a blind eye, but instead actively participated in the sterilization of women of color as an attempt to forward their own movement for population control through contraception. Sanger, the founder of Planned Parenthood, actively reinforced the ideology of coerced sterilization, noting, “morons, mental defectives, epileptics, illiterates, paupers, unemployables, criminals, prostitutes and dope fiends’ ought to be surgically sterilized.”

While this group Sanger describes does not specifically identify race as a qualification for coercive sterilization, people of color were disproportionately affected, particularly after World War II when “African Americans on welfare became the targets of coerced sterilization.” This exclusionary politics, Davis notes, breeds distrust between white women and women of color that cannot simply be mended through discontinuing the overtly racist activities of the movement’s past. Davis calls for reproductive rights activists to work to better understand the specific situation of women of color and the additional challenges they face in achieving reproductive autonomy.

Angela Davis’s assessment of the exclusion of women of color from women’s work regarding reproductive autonomy exemplifies the presence of work on race and the United States’ reproductive rights movement. Most of the present literature focuses on this dichotomy instead of concentrating on the intersectionality of class and gender in regards to reproductive autonomy. While there is a significant amount of intersection between populations of racial minorities and low-income communities due to a long history of legislation both explicitly and implicitly targeted at disempowering people of color, these two populations are not identical. The intersectionality between gender and race as it relates to reproductive rights is clearly of great importance; it is, however, not the entire story. Viewing reproductive rights through the lens of socioeconomic class allows for the examination of financial issues as an exacerbating factor in marginalized women’s struggle to obtain reproductive autonomy.

The literature on reproductive rights typically reduces the intersectionality between socioeconomic class and gender into one sentence or footnote, if it mentions it at all. Even organizations with a specific focus on reproductive rights, like the American Civil Liberties Union (ACLU) and the International Planned Parenthood Federation (IPPF), barely make mention of the issue at all. In both organizations’ stated policy goals, the accessibility of reproductive autonomy for low-income women is relegated to a single mention of the necessity of affordable access to abortion and birth control. The lack of awareness of class is even apparent in the United Nations’ Fourth Conference on Women in 1995, where then-First Lady Hillary Clinton delivered her famous “women’s rights are human rights” speech. Clinton produced a plan that addressed many global issues affecting women, but failed to

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draw a direct correlation between a lack of reproductive autonomy and low socioeconomic status.\textsuperscript{10} Additionally, there was no mention to be found of improving low-income women's ability to raise children once they were born; the focus was almost exclusively on allowing women autonomy in their choice of whether and when to have children.

Not only is the intersectionality between gender and socioeconomic status in the reproductive rights movement largely untouched by academic literature, but also many academic pieces view obtaining reproductive autonomy as a goal in and of itself, ignoring the larger utility of exercising this agency. For example, Onora O'Neill's piece on "Reproductive Autonomy and New Technologies" examines the implications of increasing reproductive freedoms with regard to abortion and birth control legality and access. However, her only mention of the effect of increasing such legislation in favor of providing reproductive autonomy to women describes how advantageous it was that "many women acquired greater control over their reproduction."\textsuperscript{11} Even though women technically had the rights to exercise reproductive autonomy, many were still largely unable to access contraception, abortions, or other expressions of reproductive autonomy. O'Neill ends her analysis at the point of obtaining the legal right to autonomy. This is not the realistic situation for low-income women; being able to dictate when and how to have children, as well to live well with those children, provides women with an ability to live, not just to be autonomous. Having agency over their reproductive systems is often merely a positive side effect of achieving the autonomy necessary for survival.

The issue of reproductive rights extends beyond its gendered aspects. While any person with a uterus obviously has a stake in the issue of reproductive rights in that their ability to make personal and medical decisions for themselves is compromised with the reduction in reproductive autonomy and increased with its expansion, not all women are affected equally. Low-income women face significantly more disastrous consequences of being denied options regarding the right to choose safe control over their reproductive system than their higher-income counterparts do.

For low-income women, the stakes of legislation denying or increasing reproductive autonomy are extremely high. And, while there is significant literature concerning low-income women's access to certain aspects of reproductive rights (i.e. birth control, abortions, etc.) there are very few works fully addressing the intersectionality of socioeconomic status and gender in the context of reproductive autonomy. This thesis will delve directly into this topic by exploring low-income\textsuperscript{12} women's reproductive autonomy through an analysis of their diminished access to contraception, abortion, and child rearing resources. Chapter One: Access to Contraception.

**Section 1: Birth Control**

Gaining access to birth control is, for many low-income women, a strenuous and virtually impossible process. The myriad forms of birth control (i.e. oral contraceptives, \textsuperscript{10} Clinton, Hillary, "Women's Rights Are Human Rights," Nations Fourth World Conference on Women, Beijing, 5 Sept. 1995.


\textsuperscript{12} For the purposes of this analysis, “low-income” will not designate a specific income threshold, but will instead indicate a standard of living below the relative distinction of "middle class." Essentially, "low-income" signifies any family or individual who cannot always afford basic necessities, including but not limited to reproductive health care.
intrauterine devices (IUDs), condoms, spermicides, etc.) are technically available to all women in that no population is specifically legally banned from purchasing any of these options, with the exception of minors in some cases. That said, many of these birth control methods are largely inaccessible to low-income women.

**Oral Contraceptives**

The birth control pill, for example, is the most popular method of birth control with 25% of women who use contraceptives at all using the pill. It is also popular among low-income women specifically, with one in five women aged 15-44 years up to 149% of the federal poverty level using it as their primary or secondary method of birth control. On average, oral contraceptives cost between $160 and $600 annually without insurance coverage. For women with insurance that covers contraceptives, as not all insurance plans do, the costs can vary widely throughout that range.

Additionally, the birth control pill can only be purchased with a prescription from a licensed physician. This means that acquiring birth control pills necessitates the completion of two steps: (1) a prescription must be obtained from a physician and (2) one must be prepared to pay up to $50 per month for the prescription.

Low-income women often experience difficulty in accessing reproductive health care clinics because of both monetary and non-monetary barriers to care. This includes, but is not limited to, lack of transportation, social disincentives, and an absence of clinics in many geographic areas. Because of low-income women's severely limited access to reproductive health care clinics where they could theoretically go to get a prescription for oral contraceptives, their chances of successfully obtaining a prescription is slim simply because of their lack of access to physicians. Second, even if a low-income woman is able to access a reproductive health care clinic and finds the time and money to meet with a doctor, most physicians require a pelvic exam before writing prescriptions for oral contraceptives. These exam scans cost up to $250, even for women with insurance. At this point, the first pack of birth control pills already costs $300, which is one-third of a month's income for an unmarried woman living at the federal poverty level.

Additionally, even low-income women who are able to financially access oral contraceptives often have trouble using them to prevent pregnancy. There are a variety of indicators to assess whether someone is likely to correctly and effectively use a contraceptive correctly. Factors like “specific personal, social, and demographic characteristics such as race and ethnicity, mother's marital status, education, and religious affiliation” are all

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13 Guttmacher Institute, *Contraceptive Use in the United States* (New York: Guttmacher Institute, 2015).


18 Ibid.


20 Marjorie R. Sable and M. Kay Libbus, “Beliefs Concerning Contraceptive Acquisition

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indicative of a person's likelihood to successfully use birth control to prevent pregnancy. Outside of these relatively static determinants of success, low-income women also often face trouble in taking oral contraceptives consistently at the same time each day. In one study, one-third of low-income women expressed trouble with consistent habits, which “may be a reflection of the chaotic lives led by many women,” especially those with low-incomes, who often “have multiple life stresses with few attendant coping skills and/or limited social support.”

While there have been recent efforts to increase accessibility to oral contraceptives for low-income women, these have largely been failed attempts. The requirement of a prescription to obtain oral contraceptives has existed since the Food and Drug Administration approved the first birth control pill, Enovid, in 1960. Current efforts in some states have focused on making oral contraceptives more accessible to low-income women by eliminating the expensive requirement of this in-person clinical visit by removing the prescription requirement. For example, the state of California recently enacted a law making oral contraceptives available as over-the-counter medications, which has significantly increased low-income women in California's ability to obtain and continuously use birth control pills. That said, even this progressive legislation does not require pharmacies to sell birth control over-the-counter; it merely permits it. Additionally, implementation of similar laws in states where it has been passed has been slow and not entirely successful. Even with this progress in theoretical accessibility, there is no guarantee that access to oral contraceptives will improve in practice.

After the passage of the Affordable Care Act in 2010, the cost of birth control should have theoretically been covered through the act's expansion of Medicaid. However, because Medicaid expansion was made optional after the National Federation of Independent Business v. Sebelius Supreme Court case, nineteen states have chosen not to expand Medicaid and therefore do not provide comprehensive contraception coverage to their citizens. Seven of these states that did not expand Medicaid have no birth control coverage whatsoever because they do not have any family planning program. Family planning programs are typically available to women who are ineligible for Medicaid but still need financial assistance in obtaining contraceptives. In the thirty-two states that chose to expand Medicaid, the Affordable Care Act requires that “all [eighteen] FDA-approved methods of birth control must be covered without cost-sharing.” That is, women with

and Use Among Low-Income Women,” Journal of Health Care for the Poor and Underserved 9, no. 3 (1998): 263.

Ibid, 272


Ibid


Medicaid should be able to purchase oral contraceptives without co-pays. While this is certainly a positive for women with Medicaid, 26% of eligible women are not currently enrolled in any form of health insurance, making this coverage inaccessible for them. For these uninsured, low-income women, oral contraceptives are hard to obtain at a reasonable cost.

In the states that have not expanded Medicaid, there is a gap between those currently eligible for Medicaid (at or below 42% of the federal poverty level) and those eligible for marketplace subsidies (between 100 and 400% of the federal poverty level.) The Kaiser Family Foundation points to nearly three million poor, uninsured adults falling into what they call the “coverage gap,” who are in this position because their states refuse to expand Medicaid. Historically, Medicaid covers the extremely poor (at or below 42% FPL), the disabled, pregnant women, elderly adults, and children. With the expansion of Medicaid through the Affordable Care Act, the program theoretically covers all low-income individuals under 138% the federal poverty level, regardless of whether or not they fit into the historically covered categories. If the nineteen states that have thus far not expanded Medicaid chose to do so, more than one and a half million low-income women would become eligible for Medicaid coverage of their birth control. Low-income women are paying a steep tax for states’ refusals to expand Medicaid.

The Male Condom
Another common form of birth control is the male condom, used as a primary source of birth control by 24% of low-income women and as a complementary form of birth control by 27% of low-income women in one study. Only 15% of all women using contraception report male condom use, indicating that low-income women are generally more likely to use condoms than the average woman is. This high level of condom usage among low-income women is likely due to its low cost and high availability, particularly relative to that of oral contraceptives. The male condom costs between $0.20 and $2.50 per unit on average when purchased, and can often be found for free at health clinics, on college campuses, and in other community areas. While condoms are a relatively effective option, there are still several problems with reliance upon them as a primary method of birth control for low-income women.

First, while condoms can be found for free or at a low cost at many community areas, their technical accessibility does not necessarily indicate any practical accessibility. For example, women living in rural areas or without reliable transportation may face challenges obtaining male condoms similar to those they face accessing reproductive health care clinics. It may be difficult to get to the nearest Planned Parenthood or other health center to pick up free condoms.

Second, in the National Survey of Family Growth conducted in 2015, only 19.3% of women using condoms during sexual intercourse used them effectively and consistently. While perfect condom use prevents pregnancy 98% of the time, imperfect or inconsistent

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32 Palmer
use decreases this success rate down to 82%. If 80.7% of women using condoms are not doing so effectively, then their purpose of preventing unwanted pregnancy is negated and their use is virtually unnecessary.

Finally, many low-income women report a lack of social support for condom use. A study of homeless women found that many women have met "strong partners' resistance when they wanted the men to use condoms" which disincentivized them from continuing to encourage condom use in their sexual encounters. Across the board, these women described their birth control decisions as being largely dominated by the preferences of their partner. Although this is not the case in every low-income woman's situation, the reality of the matter is that homeless women are not the only ones moving in a patriarchal space. Similarly, 40% of low-income women in another study cited personal embarrassment in condom use as a deterrent from continued usage, and 17% cited male disinterest in condom use as yet another deterrent. So, while condoms are often an effective option for many women in preventing pregnancy, they can be inaccessible, often used inconsistently or ineffectively, and met with resistance from male partners.

**Long-Term Birth Control**

Long-term birth control is yet another option available to low-income women looking to exercise agency in their reproductive capabilities. However, without insurance, the insertion of an IUD (intrauterine device) can cost up to $1000 and, even for those with insurance, the insertion and upkeep of this form of birth control can garner substantial out-of-pocket costs not covered by insurance. One-eighth of the women in one 1996 study cited long-acting methods such as IUDs as the most effective form of birth control they currently used. In a more recent nationally representative survey, 8.1% of women at or below the federal poverty level used long-acting reversible contraceptive methods (i.e. IUDs) in 2009; this number increased to 13% in 2012. While long-term contraceptive use has increased in the past several years, there are still a relatively small number of women who use them as their preferred method of birth control.

One consistent issue in studies determining the efficacy of long-term birth control is its negative connotation with women of color as a reinvention of the sterilization practices of the past. One study found that most demographic subgroups were equally likely to utilize long-term birth control, but black females were an outlier in their reduced usage of such forms of birth control. This study theorizes that this outcome is a result of "continued higher levels of medical mistrust among females in the black community, among other factors." This same study notes that, although their data predates the implementation of the Affordable Care Act's contraceptive mandate, they saw significant increases in long-term birth control usage in women with full time jobs and private insurance coverage.

That is, **long-term** birth control is most effective for women with private health insurance,

34 Gelberg et al, 93.
37 Ibid, 924
38 Ibid, 926
as they are better able to cover the costs of the expensive insertion procedure.

Conclusion
The variety of birth control options available to the general public can be deceiving in permitting the conflation of availability with accessibility. The problem of insurance coverage being perceived as being indicative of accessibility also becomes an issue when discussing availability of birth control. However, if contraceptives are free or low-cost at face value, there are still many roadblocks that can present themselves, whether through non-monetary barriers or additional fine print costs that are not apparent in an initial overview of free and low-cost reproductive health options for low-income women. There is still a significant number of low-income women who experience diminished reproductive autonomy because of the political decisions made at the federal, state, and local levels which make it virtually impossible for them to control if and when they have a child. Because of this, women are often forced into motherhood before they are ready or capable of raising a child, further exacerbating their impoverished state.

Section Two: Abortion Access

Low-income women face many barriers to exercising their reproductive autonomy and preventing unwanted pregnancies, such as reduced access to contraception. If a poor woman does become pregnant, she has very limited options compared to women with higher incomes. Theoretically, low-income women have the option of either terminating or continuing pregnancy. This is a decision a woman typically makes through a personal and often spiritual exploration of her moral code to determine whether she should terminate the pregnancy, raise the child herself, or give her child up for adoption. However, because of her socioeconomic status, a low-income woman faces an extraordinary challenge in exercising any desire she may have to terminate a pregnancy. There are federal policies blocking women’s access to abortion services, exacerbated by a hostile political climate towards pregnancy termination that makes it almost impossible for low-income women to obtain these services legally, safely, and at an affordable price.

Although abortion was legalized through the Supreme Court case Roe v. Wade in 1973, it still remains a controversial and deeply partisan issue. Roe v. Wade decreed the right to an abortion by determining that statutes that make abortions criminal, even statutes that denote medically necessary abortions as permissible, are unconstitutional invasions of privacy. Despite this precedent, the 2016 Republican Party Platform included a provision directly supporting legislation that would cut funding to health care subsidies that covered abortion. That is, the Republican Party placed itself in direct opposition to any federal, state, or local funding of abortions. Conversely, the 2016 Democratic Party Platform asserted their belief that “every woman should have access to quality reproductive health care services, including safe and legal abortion -- regardless of where she lives, how much money she makes, or how she is insured.”

health care worthy of government support and subsidization. While abortion is certainly a divisive issue and some view it as a morally reprehensible act, restricting women's access to the procedure is reducing women's control of their reproductive system, regardless of the morality of the procedure itself. In arguing that the issue of reproductive rights is, at its heart, an issue based in socioeconomic class, the morality of abortion is an unrelated aside and will not be further considered in this analysis.

The Hyde Amendment

One of the most restrictive pieces of legislation concerning abortion is the Hyde Amendment. Initially passed in 1973, the Hyde Amendment requires that no federal funds “shall be used to perform abortions except where the life of the mother would be endangered if the fetus were carried to term.”

That is, unless the fetus is directly harmful to the life of the mother, the only funding that can go towards an abortion is funding from states or private organizations; the federal government cannot be involved in financing abortions at any level. The amendment primarily affects Medicaid, the main venue through which the federal government contributes to the cost of individual medical procedures. Medicaid uses combined federal and state funds to pay for the cost of medical care for low-income populations (and exclusively for the very poor and disabled populations of the nineteen states that have chosen to not expand Medicaid). Because the Hyde Amendment mandates that abortions must not be federally funded if they are to be funded at all, the burden is typically on the states to choose whether to contribute fully to abortion procedures in their state or to refuse to contribute at all.

By placing this burden on states, the amendment invites states to express their political views on abortion through their funding, or lack thereof, of the procedure. More conservative states like Texas, Ohio, and Georgia have chosen to remove abortion coverage from Medicaid altogether. In these states, abortion is not an option unless it is fully privately funded. A variety of studies examining the effect of the Hyde Amendment indicate that “20 to 25% of the women who would have received publicly funded abortions [in states where it is now illegal to fund abortions] instead gave birth when that funding became unavailable.” A study performed in 1993 indicated that states that chose to restrict Medicaid coverage of abortion had fewer abortions performed overall, though not for a lack of demand for the procedure. Rather, this decrease in performed abortions caused by the Hyde Amendment in part exhibits a reduced availability for low-income women who would have otherwise had abortions.

Abortion Availability

Low-income women are generally more likely to need or desire abortions than women

with higher incomes are. Poor women are over three times more likely to have unwanted pregnancies than their higher income counterparts.\textsuperscript{45} However, this discrepancy does not arise from higher rates of sexual activity; there is no "sex gap" by income. \textsuperscript{46} Although low-income women are not necessarily at a higher risk of engaging in sexual contact, their ability to obtain and use contraceptives is thoroughly diminished; the disparity in unintended pregnancies arises from a lack of access to preventive resources.

However, while low-income women are more likely to need or desire abortions, a plurality of abortions are performed on women living on more than four times the federal poverty level, while only 8.6\% of women living under the federal poverty level have had abortions.\textsuperscript{47} Somehow, the group of women more likely to experience an unintended pregnancy, and therefore likely to have a higher desire for abortions, has the lowest overall occurrence of abortions. A study done in 2015 examining the gap in unintended childbirth stemming from socioeconomic status found that low-income women have severely reduced access to abortion services, which causes the discrepancy in presumptive desire for abortions and actual incidence.\textsuperscript{48}

The federal government's restrictions on abortion funding have serious financial implications for low-income women. Because the federal government is not permitted to provide funding for abortions, and because states choose whether or not to fund abortions through Medicaid based on their political leanings, most women with Medicaid coverage have to pay out-of-pocket for abortions. Even in the seventeen states where state-funded Medicaid does cover abortions, there are numerous other barriers to accessing care. Several states are under court order to cover only abortions that are medically necessary to prevent the death of the mother;\textsuperscript{49} some states choose to deter abortions by providing an extremely low reimbursement rate and insisting on extensive delays before women can have the procedure.\textsuperscript{50} This lack of coverage for abortions through public health care specifically targets low-income women and significantly decreases their access to pregnancy terminations; most women, with or without insurance, are forced to pay out of pocket for abortions.\textsuperscript{51} This further emphasizes the centrality of socioeconomic status in reproductive rights, since low-income women are significantly more affected by abortion bans and restrictions than their higher income counterparts.


\textsuperscript{46} Ibid.

\textsuperscript{47} Ibid.


The Cost of Abortions

Theoretically, health insurance is intended to provide coverage to protect clients from the financial consequences of catastrophic health events that would otherwise bankrupt an individual or family. Based on this purpose, low-income women should be assured medical treatment for health events that could otherwise bankrupt them. Having an unplanned child certainly comes with the risk of catastrophic financial consequences, indicating that low-income women’s health insurance should cover the procedures necessary to shield them from such dangerous outcomes.

On average, an abortion costs about $470 in the first trimester.52 This figure amounts to approximately 50% of a monthly paycheck for a single woman living at the federal poverty line53 and, without Medicaid coverage, these payments must come entirely out of pocket. Many women in conservative states where Medicaid does not cover abortions report having to draw from their own personal resources to pay for the procedure, often requiring them to borrow money from family and friends and placing them in severe financial distress.54 These policies restricting abortion coverage “appear to force women to take measures to raise money for an abortion that may put their health and wellbeing at risk, promote short and longer-term financial instability, and increase the difficulty of implementing an abortion decision, therefore interfering with a woman’s reproductive life plans.”55 One study showed that “women who [are] able to raise the money needed for an abortion [generally] do so at a great sacrifice to themselves and their families.”56 Forcing low-income women to pay for pregnancy termination procedures out of pocket puts them in risky and often dangerous financial positions.

Even women with insurance coverage for abortions are not always able to put that coverage to use in obtaining abortions. In a 2014 study examining low-income abortion patients’ attitudes towards public funding for abortions, only 27% of the studied women had used public insurance to fund their abortion care even though 58% of the women had insurance at the time of their abortion.57 Some of the women who did not use public insurance to fund their abortion did so out of necessity, not by choice. However, some reported that they were unaware of their coverage at the time of their abortion, only to find out later that this was a misconception and they could have been covered all along. Others were concerned that, if they used their insurance to cover an abortion, their families or employers would find out about the procedure and they would suffer negative consequences.58 According to another study, “lack of knowledge of abortion laws and services”59 is one of the major factors diminishing access to services.” Health care literacy

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53 Office of the Assistant Secretary for Planning and Evaluation.
54 Blanchard et al, 1572.
55 Ibid., 1581
56 Boonstra and Sonfield, 10.
57 Nickerson et al, 678.
58 Ibid
59 Lara et al, 1811
is generally low in low-income populations; convoluted legislation and lack of efforts to educate communities can severely impact low-income women’s access to abortion services.

The consequences of attempting to obtain an abortion can be disastrous for low-income women. Some of these consequences are financial, while others are non-monetary, such as increased delays in abortion attainment, which can pose serious health risks. One study found that Medicaid-eligible women wait on average two to three weeks longer than higher income women to have abortions, primarily due to difficulties in accessing funds for the procedure. It is estimated that one-fifth of low-income women who have had second-trimester abortions would have had first-trimester abortions if their lack of funding had not resulted in significant delays in care. Second-trimester abortions are both significantly more expensive and dangerous than first-trimester abortions. They require women to take extended time off work and can necessitate expensive and time-consuming travel because not all clinics are equipped to perform second-trimester abortions. Additionally, the earlier an abortion is performed, the safer the procedure generally is. Because low-income women often have to wait longer to receive abortions, they are at a higher risk for medical complications from the procedure.

Having an abortion is an expensive procedure for women both with and without Medicaid. Because slightly more than one-quarter of women living under the federal poverty line are uninsured even after thirty-two states have expanded Medicaid, the number of low-income women without any sort of subsidy on their abortions is staggering. Without insurance or state subsidization, the procedure can cost between $415 and $1110, depending on the level of sedation the patient wants or requires and how far along she is in her pregnancy at the time of the abortion. For a single, uninsured woman living at the federal poverty line, an abortion can cost between 42 and 131% of her monthly untaxed income. These numbers indicate that, even if a woman is able to have an abortion at four weeks gestation (the earliest at which one can have abortion), she would likely still have to sacrifice paying bills, childcare, or other expenses, in addition to a loss of income for time taken off work. Additionally, most low-income women are unable to have abortions promptly upon discovering their pregnancies due to lack of immediately disposable income, transportation needs, demanding work schedules, and other complications that restrict their ability to leave town for several days to have the procedure.

Political Retributions and Abortion Clinics
Since the passage of Roe v. Wade in 1973, the political outcry from pro-life conservative
Allison Sands

politicians against the legality of abortion has sharply increased. The National Right to Life Committee (NLRC), a major leader in the pro-life, anti-abortion movement, was founded in 1968 and, since then, has dedicated its purpose to decreasing access to abortions nationwide.\(^{67}\) The organization has explicitly stated on their website that they exclusively sponsor legislation which advances the “protection of human life and [supports] the election of public officials who defend life.” \(^{68}\) To achieve this goal, the NLRC supports legislation that renders abortions illegal or more difficult to obtain, or places regulations on abortion providers that would increase barriers to providing care. One study noted that, when the problem of unsafe abortion facilities or other abortion-related issues arises, “by focusing only on prevention of the need for abortion…[legislators] ignore the question of whether... communities with known need for abortion services have adequate access to these services.”\(^{69}\) The same study also noted that organizations like the National Right to Life Committee focus more on restricting abortions than on addressing the underlying causes of the need for abortions. Instead of sponsoring bills that would provide low-income women with the resources to prevent unwanted pregnancy, such as increased and improved sex education, better access to contraception, and preventive reproductive health care, the NLRC focuses its resources on legislation that addresses the symptoms of the problem— the need for abortions— rather than the problem itself— the systemic lack of access to pregnancy prevention for low-income women.

Because of this increased attention on restricting access to abortions, clinics are closing at a record pace. In February 2016, Bloomberg BusinessWeek noted that one-hundred sixty-two abortion providers have closed their doors since 2011.\(^{70}\) For example, Texas has some of the most restrictive abortion legislation in the United States and, subsequently, Texas abortion clinics have become increasingly inaccessible. Additionally, there has been a 54% decrease in women served at abortion clinics in Texas, and one-hundred thirty-one Texas clinics have closed or significantly reduced their operating hours.\(^{71}\) By having clinics around them close, many have been forced to increase prices, switching from a sliding fee scale to a fixed fee for service system, \(^{72}\) which disproportionately affects low-income women. Low-income women’s access to abortion clinics also depends heavily on their ability to find transportation and time outside of working hours to visit the clinic. For example, anyone living in the Texas panhandle or in the southernmost tip of the state does not have an abortion clinic within one-hundred miles of them.\(^{73}\) 87% of counties


\(^{68}\) Ibid

\(^{69}\) Dehlendorf and Weitz, 415

\(^{70}\) Esmé Deprez, “Abortion Clinics are Closing at a Record Pace.”


\(^{72}\) White et al, 854.

\(^{73}\) Caitlin Gerds, PhD, MHS, Liza Guentes, MPH, Daniel Grossman, MD, Kari White, PhD, MPH, Brianna Keeffe-Oates, MPH, Sara Baum, MPH, Kristine Hopkins, PhD, Chandler Stolp, PhD, and Joseph Potter, PhD, “Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas,” \textit{American Journal
nationwide have no known health care facility that provides abortions, and the number of such facilities is declining over time. Because of this, any woman who requires an abortion and lives in these areas is forced to take time off work to travel to the nearest clinic, pay for transportation and lodging, and incur other expenses outside of the cost of the actual procedure itself. In a study published in May 2016, 23% of women obtaining abortions in Texas had out-of-pocket expenses of more than $100.

Abortions incur not only financial risks, but also threats to personal safety. To date, over 80% of clinics have experienced threats and harassment toward patients and staff because they perform abortions. Women often become entangled in anti-choice / pro-life protests of abortion clinics; a “normal” day for an abortion patient can require “running a gauntlet of protesters, [or] having her confidential medical information made public." While, theoretically, abortions are performed confidentially, “in rural areas and small towns a young woman my find that confidentiality is impossible to maintain.” This can severely jeopardize the safety of the woman. Medical procedures are usually only dangerous if there is a risk of health repercussions from the procedure itself. Abortions, however, are dangerous in that patients are villainized and often directly threatened. This danger applies to women of all levels of wealth, not just low-income women.

Even once a woman has reached a clinic that provides abortion services, thirty-five states require that women first receive counseling before an abortion is performed. Twenty-seven of these states also have mandatory waiting periods after counseling, typically twenty-four hours, before an abortion can be performed. If a woman resides in any of these twenty-seven states, she is required to wait at least a full day between arriving at the abortion clinic and receiving her abortion. As previously mentioned, however, many states do not have easily accessible abortion clinics, and, if a woman has had to travel to get her abortion, she would have to accommodate this mandatory waiting period into her travel plans.

If a woman with Medicaid living at the federal poverty level in Lubbock, Texas finds out that she is pregnant and desires an abortion, she has myriad barriers before she can access the procedure. From Lubbock, the nearest clinic providing abortion services is in Dallas, Texas. She would need to travel to Dallas from Lubbock, a three-hundred forty-six mile trip. Assuming that she even has a reliable source of transportation to get her to Dallas (a five hour trip), she would then need to make an appointment with the clinic, travel there, receive counseling attempting to discourage her from terminating her pregnancy, wait the mandatory twenty-four hour waiting period between counseling and procedure, and only

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74 Dehlendorf and Weitz, 416.
75 Gerdts et al, 859.
76 Fried, 176.
77 Ibid.
78 Fried, 182.
79 Counseling can include information on the medical risks of having an abortion, details about the procedure and gestational age of the fetus, and reasons why some women choose not to have an abortion. Some states even necessitate providing false information about abortion increasing risk factors for breast cancer and other correlations that have been scientifically disproven.
80 Guttmacher Institute, “Counseling and Waiting Periods for Abortion,” Guttmacher Institute, 2016.

52 SPICE | Philosophy, Politics, and Economics Undergraduate Journal
then could she undergo the actual abortion. In order to obtain an abortion, this woman has had to pay the full cost of the procedure, since Texas does not provide abortion coverage under Medicaid, pay for lodgings and transportation, and potentially miss two paid days of work. Additionally, she may have needed to pay for childcare depending on whether or not she has children. If she lived in North Carolina, Missouri, Utah, or Oklahoma, she would have had to wait seventy-two hours before obtaining her abortion, stretching the time necessary for obtaining the procedure to more than three days. This is virtually impossible for any low-income woman who needs to hold a steady job to make a living. Many low wage jobs do not offer vacation time or sick days, and a woman living in one of these states trying to have an abortion could lose employment because of this.

The Option of Adoption
Many would propose that, in the absence of abortion availability or the resources necessary to raise a child, a low-income mother should put her child up for adoption after its birth. Much of the time, this is a great option that often benefits both the child and the mother after that child is born. Putting a child up for adoption can provide a higher quality life for a child whose parent(s) are not ready to raise them, emotionally or financially. That said, pregnancy is not inexpensive and many low-income women cannot afford to carry a pregnancy to term in the first place. Doing so requires paying for numerous doctors visits and prenatal care and medications, taking time off work to give birth to the child and recover in the postpartum period, enduring the stress and emotional consequences of carrying a baby for forty weeks and then giving it up to be raised by another family. While adoption is a great option for many women, it is not always viable for low-income women, and it is certainly not a solution to the issue of low-income women’s entrapment in a cycle of poverty because of their reproductive system.

Conclusion
The costs of obtaining an abortion, both financial and otherwise, make abortions virtually inaccessible for low-income women. The Hyde Amendment makes it particularly difficult for low-income women to access pregnancy termination, as do mandatory waiting periods and clinic closures. Many women are forced to travel extensively and expensively, face severe financial risk, and battle myriad other obstacles in obtaining their abortions. Many others find these obstacles insurmountable and must carry out the For many low-income women, the barriers to obtaining abortions are so high that “it is as if abortion had never been legalized.”

Section Three: The Effects of Diminished Reproductive Autonomy
Because low-income women face massive barriers in accessing contraception and abortion services, they have very little control over whether or not they become pregnant and, subsequently, are typically forced to carry the child to term. However, after bringing a child into the world, whether by choice or by lack of reproductive autonomy, low-income

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81 Ibid.
82 Fried, 178.
women continue to face incredible difficulty due to unfavorable welfare policies. While welfare policies theoretically intend to provide aid to poor mothers, they are typically unable to provide the necessary funds for adequate child rearing, making it extremely difficult to be a low-income mother.

**Federal Welfare Programs**

In 1935, Franklin D. Roosevelt signed the Social Security Act into law, one facet of which created a cash assistance program to aid low-income families with providing for their children. Aid to Families with Dependent Children (AFDC) was a federal assistance program that provided cash for children who had at least one absentee parent, which was defined as a father or mother absent from the home because they were “incapacitated, deceased, or unemployed.”

AFDC was an active part of the federal government for over sixty years until, amid concerns that federal programs for poor mothers incentivized living on welfare rather than attempting to gain employment, Bill Clinton signed the 1996 Personal Responsibility and Work Opportunity Act (PRWOA). This act instated Temporary Assistance to Needy Families (TANF), which came to be referred to colloquially simply as “welfare.” TANF provides “poor people, mostly female-headed households and their children” with “a monthly cash payment for food, rent, and other basic necessities.”

Temporary Assistance to Needy Families had a similar goal as Aid to Families with Dependent Children in that both acts aimed to provide financial assistance to low-income families with children. However, TANF provided much more restrictive limitations and much smaller funding for families. For example, while TANF is technically available for families that are able to “demonstrate need,” this benchmark is highly subjective; there is no federal standard for TANF eligibility and states determine their cutoffs independently and, it seems, somewhat arbitrarily. The maximum monthly income for families receiving TANF varies from $1829 in Wisconsin to $268 in Alabama for single mothers with two children.

Wisconsin’s cutoff allows for families slightly above the poverty line ($1680 per month for a family of three) to receive welfare benefits, but Alabama only provides benefits at 16% of the federal poverty level. This leaves women in a strenuous situation wherein they may live under the federal poverty level and could qualify for welfare benefits in a state like Wisconsin, but not in Alabama. If they happen to reside in Alabama, they are likely to struggle to pay for their children because the very government program designed to help them provide resources for their families denies them assistance because they are not “poor enough.”

One of the most restrictive aspects of the 1996 welfare reform was the instatement


of time limits, which permitted welfare recipients to receive welfare for a limited amount of time. After this period, it is presumed that the welfare recipient should have become employed by that time and welfare subsidies are cut off for the family. These time limits are designated directly by the states. While there is some evidence that time limits may be an effective incentive to encourage people on welfare to seek employment, upon studying the data from TANF’s implementation, “the cancellation of welfare benefits at a time limit [do not] induce many recipients to go to work.”

That is, the limitations imposed on welfare recipients are largely unfruitful and are more restrictive than they are beneficial.

The Costs of Child Rearing
The average total cost to a low-income mother raising a child from birth to age eighteen is around $176,550. For a low-income woman to raise a child, she needs to earn an average of $9,808 in yearly expendable income for food, education, and other supplies. This amounts to $817 per month spent only on the child. If a single, low-income woman living at the federal poverty level has a child, she has approximately $1335 in average total monthly income, leaving only $518 for her to spend on housing, food, and other necessities for herself each month.

The benefits from AFDC did not adequately compensate for the cost of raising a child. Benefits ranged from between $703 per month in New York to $120 in Mississippi for a family of three. Considering that the cost of raising a child equates to around $817 per month, even an AFDC grant in New York only covers 86% of the necessary amount. This reveals a deficit in the program that, because of the financial benefits it provides low-income individuals, was cut for being seen as too generous. After transitioning to welfare from AFDC, the benefits provided by states for low-income mothers range from $1005 per month in Minnesota to $170 in Mississippi. While the funds provided from a state like Minnesota do exceed the $817 benchmark, Minnesota and Alaska (at $923) are the only states that provide benefits above $817 per month. That is, most states do not provide adequate funding for low-income women, even though the legislation of TANF directly attempts to meet the goal of providing living wages for low-income mothers.

The financial strains placed on working mothers clearly necessitate the need for further government benefits, but it is also important that mothers are able to keep a steady job in order to contribute to the cost of raising a child. Jobs in the service industry typically require the least experience and education of any job type, making them accessible to low-income individuals who have not earned college degrees or cultivated a resume. Generally, however, service industry jobs provide relatively low wages. When utilized as a sole source of income, service industry jobs typically place individuals firmly into poverty; this trend is

89 Office of the Assistant Secretary for Planning and Evaluation
92 Ibid.
significantly worse for women than it is for men, with women earning an average of 78.58% of what men earn for the same service jobs. This indicates that it is more challenging for a single mother to earn enough to support a child than it would be for a single father because, from the beginning, she has a much more difficult time earning the necessary income.

**Paid and Unpaid Maternity Leave**

In addition to providing female employees with smaller wages than men, these service industry jobs do not account for the unique risks faced by working women in low-income positions. This often leads to women losing their jobs because of events like a pregnancy or child rearing and caretaking responsibilities that force them to take time off of work. Only 60% of all workers are covered by paid family leave policies; this number drops to 50% when considering low-income workers with access to paid leave. While some low-income employees do have access to unpaid leave, they are often unable to take advantage of this because they already barely earn enough to cover basic payments. Taking unpaid time off of work, even for an unavoidable reason, is deeply disincentivized.

Currently, the United States is the only “developed” country to not offer federally subsidized paid maternal leave, meaning working mothers have extremely limited options in their ability to take time off work after the birth of their child. The Family and Medical Leave Act covers up to twelve weeks of unpaid leave for employees in qualified industries. However, because this only applies to private-sector employers with more than fifty employees, public agency employers, or schoolteachers, not all Americans are covered and low-income individuals are specifically left out.

Four states currently have laws requiring companies to provide paid maternal leave (California, New Jersey, Massachusetts, and Rhode Island), but not even all of these states fully compensate for time taken off; the definition of “paid maternal leave” is flexible. For example, Rhode Island only pays 60% of a woman’s salary during her time off from work. The Federal Employees Paid Parental Leave Act of 2015 covers maternity and paternity leave for federal employees, which only make up about 7% of Americans. Overall, only 12% of Americans have access to paid parental leave (including maternity leave) and this number drops to 5% for low-wage earners.

By not providing low-income women with paid maternity leave, the United States forces women to choose between three options: (1) take unpaid leave from work, if their company happens to offer it, (2) not take the time off from work they need to fully recover

96 Ibid.
98 Ibid.
99 Ibid.
from giving birth, forcing them to send their child to a daycare very early or leave them at home with a friend or relative, and (3) lose their jobs by taking off time they were not afforded by their employer. All three of these options have drastic consequences for low-income women. About 50% of women who took paid or unpaid maternity leave returned from work within three months of childbirth between 2005 and 2007. However, not taking adequate time off from work after giving birth can have physical and mental health implications for both the mother and the baby; forcing women to return from work before they are ready puts them at risk for serious medical complications. Additionally, a week’s pay for a woman living at the federal poverty line is $308, meaning that even if a woman was to return to work after two weeks (which about 10% of all women do), her income for that month would be reduced to $616, which can result in her not being able to afford rent, food, and other necessities. And this is all assuming she even has a job to return to—many women are forced to quit their jobs in order to take time off to give birth to a baby.

The Expenses of Childbirth and Child Care

The actual birth of the child can also be vasty expensive. Birthing children is expensive and, for the 25% of low-income women without insurance, it is unsubsidized. Without insurance, a vaginal birth costs around $30,000 and a Cesarean section costs about $50,000. Medicaid covers about 98% of the cost of a vaginal birth and around 97% of the cost of a Cesarean section, making the out-of-pocket cost for the woman around $600 and $1,500 for vaginal and Cesarean births, respectively. While this coverage provides for a large percentage of the cost of a birth, Medicaid coverage still does not make birthing a child an affordable process. This disproportionately impacts the women who, as previously discussed, have very little opportunity to prevent pregnancy and birth.

Even after a low-income woman has given birth to a child, she is financially disadvantaged in her ability both to continue earning money and to obtain reliable childcare. Welfare “rarely cover[s] the unique risks faced by working women, such as the loss of income due to pregnancy and childrearing and caretaking responsibilities.” For example, if a low-income mother is single, she is forced to bear the responsibility of caring for her child when he or she falls ill, potentially causing her to miss time at work, resulting in income loss. Three-quarters of women living below the federal poverty line are unable to use paid sick days to take care of a sick child, and one in five low-wage mothers reported losing a job within the last four years because they needed to take time off to care for a sick child. Additionally, even if the mother does not lose her job, assuming she earns the average wage for workers without paid sick time, a “single working parent of two children cannot miss more than three days of work in a month without falling below the federal

104 Office of the Assistant Secretary for Planning and Evaluation.
107 Ibid.
108 Blau 142.
Reframing Reproductive Rights

If anything goes wrong with the child’s health, it is the responsibility of the parents not only to financially support their child’s medical care, but also to forego the money they would have otherwise earned at work had their child not needed to stay home. If a mother is expected to work, as most low-income mothers are forced to in order to make ends meet, she must find a way to afford childcare until her child is old enough to attend public school. Currently the Child Care and Development Fund (CCDF) provides childcare subsidies for low-income working families. Generally, a family’s gross monthly income must be under 127% of the federal poverty level for them to be eligible for childcare subsidies. For a single mother with one child, this requires that she earn a yearly income of $20,345. The nationwide average cost of a month of day care is $972. So, if a woman in a family of three is living just above the 127% benchmark for CCDF subsidies, her monthly income is reduced to $1,695, or $723 after subtracting average childcare expenses. This does not leave enough income to provide food and other necessities for the child ($817 required monthly for such expenses), let alone rent or any other payments the mother might need to make. Even with a federal program like CCDF, childcare is rendered almost entirely unaffordable for low-income women.

Many single, low-income mothers “avoid or reduce the costs of child care by using informal care, and as a result single mothers who work are twice as likely to rely on relatives for care than are married mothers.” However, those who lack this option are left without a chance to work while they have a young child. A study done in 1974 found that the estimated cost of childcare had a significant negative effect on a woman’s ability to find and maintain a job.

The Cycle of Government Dependency

One of the primary motivations in reforming welfare in the 1990s was the theory that providing benefits to low-income mothers and subsidizing the cost of childrearing incentivized remaining at a low-income level and continuing to absorb government funds. However, even women who work while on welfare in an attempt to extract themselves from the cycle of government dependency find it difficult to maintain jobs, largely because of the demands of childrearing. Most working-class women “work one shift at the office or factory and a ‘second shift’ at home,” where they take care of the household responsibilities. Hochschild estimates that women, on average, spend an equivalent of a full month executing their “second shift” responsibilities. For low-income mothers, this time spent maintaining a home often detracts from their ability to find and maintain their primary employment.

Although work is common among women on welfare, “much of it is short-term

110 Ibid.
115 Ibid., 554
Allison Sands

and relatively unreliable.”¹¹⁷ This results from a variety of factors, including a lack of education denying low-income women the ability to advance to better paying positions. If women on welfare were to follow the same employment paths as those who do not qualify for welfare with similar family responsibilities, they could theoretically be expected to work 30% more of the time.¹¹⁸ However, the very thing that makes them unable to work is their low-income status. For example, because they are not able to obtain jobs that provide them with sick days, they must risk losing their current jobs to take off time to care for their children.

There is a relatively common perception within American politics that low-income mothers remain in a cycle of poverty because of their decision to have children, not because of any exogenous factors maintaining their impoverishment. For example, the myth that if “single mothers got married, they need welfare,”¹¹⁹ places the blame for poverty on low-income women's marital status. This is a myth because, while women who have children out of wedlock are at least three times as likely to need welfare than those who have children while married, this is simply a correlation and not a direct causation; these two-thirds of welfare recipients could not “have made themselves self-sufficient by marrying the man who fathered their children.”¹²⁰ Their poverty plays more of a part in the challenges they face raising their child than their unmarried status.

Similarly, the burden low-income women bear in their attempts to raise children does not arise from being teen mothers or from a lack of education, as many suggest.¹²¹ Instead, negative rhetoric creates a cycle of powerlessness, wherein the “social construction of target population framework…posits that society, the target population, and associated actors…[influence] whether they are viewed as politically powerful.”¹²² Additionally, “although the majority of public assistance recipients are white, welfare's association with [people of color] in the public imagination continues to drive policy around poverty issues as a whole.”¹²³ In the case of low-income mothers, many are stigmatized as teen moms and “welfare queens,” effectively demonizing them and negating any public support by branding them as the undeserving poor.

In Conclusion, low-income women consistently face extreme challenges in exercising control over their reproductive system. This affects not only their capacity to be autonomous in their decisions of if or when to have children, but also their ability to raise the child they were effectively forced into having. Discussions of reproductive rights tend to focus on the effects policies have on women's ability to exist and succeed without taking into account the policies that forced them into these situations in the first place. However, when low-income women are examined more closely, it is apparent that they are specifically victimized by the lack of reproductive autonomy they are afforded, which causes them to

¹¹⁸ Ibid.
¹²⁰ Ibid.
¹²¹ Ibid.
experience diminished agency in their decision if and when to have a child. Not allowing a woman any chance for reproductive autonomy virtually forces her into motherhood and can put her in the situation of not being able to afford her child or children. This has damaging effects for both the mother and child and, in the end, further perpetuates the cycle of poverty by denying low-income families adequate financial resources.

Conclusion

The barriers to reproductive autonomy faced by low-income women are, at least partially, an effect of the lack of intersectionality in the reproductive rights movement. While some reproductive rights organizations have moved to make costs less of a factor in obtaining reproductive autonomy, it is still virtually impossible in many regards for low-income women to control their reproductive systems. There are astronomical costs, both monetary and non-monetary, to control reproduction in such a way that allows a woman to determine when and if she has children. For example, a woman living at the federal poverty level faces significant barriers in trying not to conceive a child when she is not prepared to start a family, in trying to terminate a pregnancy once she does become pregnant, and in raising that child once she has given birth. That is, because low-income women are largely unable to exercise their reproductive autonomy, they become trapped in a cycle of poverty from which they cannot escape. If we are to do anything but require low-income women to cease any and all sexual activity, there needs to be a solution to both the monetary and non-monetary barriers to reproductive autonomy.

By reframing reproductive rights as a class-based issue rather than exclusively a gender issue, one is able to more easily see that, when reproductive autonomy comes into question, it is low-income women who are harmed the most, not just women at large. Because of this, it is thoroughly necessary for the reproductive rights movements to refocus their efforts away from providing aid primarily to middle- and high-class women who are already able to afford these services and move towards addressing the issues low-income women face. When reproductive rights organizations move to increase accessibility to contraception, abortion, or other facets of reproductive autonomy, they still leave these products out of reach for low-income women. By making their efforts effective for women at all income levels, the movement can increase all women's ability to maintain reproductive autonomy instead of just concentrating on those who can afford to do so.

While, reproductive rights certainly affects and is defined by gender, this should not be the sole area of concentration. Because women possess a reproductive system whereas men do not, any organization aiming to provide increased reproductive autonomy to individuals will virtually always concentrate their efforts on women. But, low-income women are disproportionately affected by assaults on reproductive autonomy. Some of these barriers to agency are legislative, indicating their intentionality, while some are mere products of a system crafted by and for individuals with middle to high incomes.

While there has been substantial work relating race to the reproductive rights movement, asserting that women of color have all too often been left out of the progress white women have enjoyed, the issue of socioeconomic class in reproductive rights has been relatively untouched as a subject of research. By analyzing the effects socioeconomic status has on a woman's ability to exercise her reproductive autonomy, we see that, while women are affected by assaults on autonomy, low-income women are the more specific victims. This reframing of the issue of reproductive rights as one based in class rather than exclusively in gender provides perspective where there was little before.

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Reframing Reproductive Rights


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Allison Sands


Reframing Reproductive Rights


Why the Future of Marijuana Legalization is Still Uncertain

Adam Chernew

Abstract
The purpose of this paper is to examine the future of the marijuana legalization movement and the prospects of recreational marijuana legalization at the national level. While the marijuana movement has made tremendous strides at the state level over a very short period of time, there remains a debate over whether or not this progress will translate into success federally. First, this paper reviews the literature from the field, the majority of which focuses on whether marijuana ought to be legalized for recreational use in the first place. Despite extensive research, the evidence from the field is far from definitive. It remains unclear whether recreational legalization of marijuana raises teenage usage, whether the harmful side effects of marijuana are offset by its medical benefits, and whether the social costs of marijuana prohibition outweigh the social costs associated with its increased use. This paper also details political obstacles obstructing federal legalization of marijuana. Even if state-based evidence for recreational legalization was overwhelmingly favorable, there would still be significant obstacles to federal legalization of marijuana. These obstacles include a backward drug classification system, an anti-marijuana Attorney General, and key constituencies that oppose marijuana legalization. This paper concludes that despite the liberalization of marijuana policies at the state level, the future of federal legalization is still hazy at best.

Introduction: The Marijuana Legalization Movement is Making Strides
2016 has undoubtedly been a significant year for the marijuana legalization movement. On November 8th, 4 states (California, Maine, Massachusetts and Nevada) voted to legalize marijuana for adult recreational use, and an additional 3 states (Arkansas, Florida, and North Dakota) voted to legalize it for medical use (Ingraham 2016 A). 8 states in total (plus D.C.) now allow adult use of marijuana for recreational purposes, and 28 (plus D.C.) have legalized it for medical use (Wallace 2016). Nearly 25% of Americans live in states where the drug is legal recreationally for adults, and a whopping 61% of Americans live in states that allow medical use (Tate 2016).

What is more, support for marijuana legalization amongst American adults has never been higher. According to a Gallup poll released in October, approximately 60% of Americans older than 18 are now in favor of making the drug legal (Swift 2016). A Pew Research Center poll also released in October supports this data, finding that only 37% of U.S. adults think that marijuana should be illegal (Geiger 2016).

When these trends are put into perspective, it becomes clear that the marijuana legalization movement has made incredible progress in a very short amount of time. Just 4 years ago, the recreational use of marijuana was not legal anywhere in the U.S., and as recently as 20 years ago, medical marijuana had not been legalized in a single state. Likewise, when Gallup conducted a similar poll in 2009, they found that just 44% of Americans supported legalization (Swift 2016).
It makes sense that many marijuana advocates are optimistic about federal legalization in the near future, particularly because of their success in California. For example, Tom Angell, founder of the pro-legalization group Marijuana Majority, suggested that “Passing legalization in California will greatly accelerate our ability to end the federal prohibition” (Berman 2016). Similarly, Lynne Lyman, California director at the Drug Policy Alliance, argued that “With California and some other, smaller states legalizing it in 2016, the federal government will be forced to reckon with this. We’re hoping that this leads to the end of marijuana prohibition nationally” (Vekshin 2015). Perhaps the most enthusiastic, however, was Rob Kampa, the executive director of the influential nonprofit Marijuana Policy Project. In a statement released the morning after the election, Kampa declared that “This is the most momentous Election Day in history for the movement to end marijuana prohibition” and confidently predicted that “The end of prohibition is near, and it would be a mistake for the federal government to continue waging a war on its own nonviolent citizens” (Ferner 2016).

There has been some pushback against these sentiments. For instance, Kevin Sabet, president of the anti-marijuana legalization group Smart Approaches to Marijuana (SAM), has argued that “[Marijuana legalization] is a very long game. This is not going to be determined once and for all either this November or in November of 2018” (Berman 2016). Likewise, Sarah Trumble, the Deputy Director of Social Policy at the D.C.-based think tank Third Way has expressed similar skepticism, stating that she has heard the saying “If California goes, then it is inevitable that all states will go”, but that “[It’s] not necessarily true” (Borchardt 2016). Even prominent constitutional law scholar and proponent of marijuana legalization, Erwin Chemerinsky, published an op-ed in the Washington Post contending that federal legalization will not be as swift or simple as some people think (Chemerinsky 2016).

There is an ongoing discussion within the marijuana policy community about the viability of federal legalization of marijuana for recreational purposes. This paper seeks to add to the discussion by examining how likely this is to occur. This process will demonstrate that while the marijuana legalization movement may continue to make significant strides at the state level, substantial obstacles to federal legalization remain.

Literature Review: A Field Divided

Unsurprisingly, the majority of literature in the field of marijuana policy focuses not on the viability of federal legalization, but rather on the central question of whether or not marijuana ought to be federally legalized for recreational use in the first place. While this question is rather straightforward, the evidence to adequately answer it is not. The fact of the matter is that because state-based marijuana markets are a recent phenomenon (as of 2014), relatively little data has been gathered from them. Also, because the marijuana markets in these states have not fully matured yet, it is difficult to say if similar results would occur on the national level. Even if an adequate amount of data from the states was available, the question of whether marijuana should be legalized nationally would still be a subjective one. Marijuana legalization, like all public policy decisions, has its benefits and its drawbacks. The extent to which people value different outcomes would certainly affect their willingness to support such a proposal. Thus, in reviewing the literature from the field, the best that can be done is to present arguments and counterarguments from both
sides of the debate. Doing so will capture the essence of the discussion surrounding federal marijuana legalization and paint an accurate picture of the obstacles that such an initiative faces.

Perhaps the biggest question surrounding federally legalizing marijuana is whether or not doing so would increase usage rates, particularly amongst teenagers. A number of different sources have commented on this question, indicating the evidence is mixed. According to a comprehensive report released by the state of Colorado in April, the legalization of marijuana for recreational use in 2012 likely led to an increased use amongst adults, but not teenagers. According to this Colorado survey, nearly a third of Coloradans age 18 to 25 in 2014 had used marijuana in the last 30 days, a rise of about 5% from the year before recreational marijuana was legalized. Similarly, the survey showed that for adults over 26, past 30-day marijuana use went from 7.6% in 2012 to 12.4% in 2014. The survey also showed, nevertheless, that among high school students, marijuana use decreased from about 23% in 2005 to about 20% in 2014, nor was there a significant change in use by children younger than 13 in recent years (Gurman & Wyatt 2016). However, a 2015 report from the Rocky Mountain High Intensity Drug Trafficking Area shows that while marijuana use amongst minors has declined nationwide in recent years, states like Colorado have seen an increase. The report claims that in Colorado, young people are 20% more likely to have used marijuana regularly since it became legal for adults 2 years ago (Sullum 2016). When it comes to the correlation between recreational marijuana legalization and increased use, the literature indicates that this correlation exists with adults. The literature is less conclusive on if this correlation exists with teenagers.

Another important question in the debate surrounding federal marijuana legalization concerns the health effects of marijuana use. Here, the literature is less divided. Marijuana health researchers generally agree that while marijuana can be useful in treating a number of afflictions, such as epilepsy, Crohn's disease and chronic pain, there is also a long list of well documented health defects associated with frequent usage. For example, an overwhelming amount of evidence suggests that regular marijuana use significantly hinders the cognitive development of children. A 2014 study by Harvard and Northwestern found that “Young adults who used marijuana only recreationally showed significant abnormalities in two key brain regions that are important in emotion and motivation” (Nemko 2014). Likewise, a 2013 study from the University of Maryland School of Medicine found that “Regular marijuana use during adolescence, but not adulthood, may permanently impair cognition and increase the risk for psychiatric diseases, such as schizophrenia” (Nemko 2014). A longitudinal Duke study even found that “People who began smoking marijuana heavily in their teens lost an average of 8 points in IQ between age 13 and age 38. Importantly, the lost cognitive abilities were not fully restored in those who quit smoking marijuana as adults” (Nemko 2014).

Marijuana has been shown to pose risks that are not just cognitive, but also physical. For instance, a 2014 study published in the Journal of the American Heart Association found that young and middle-aged adults who use marijuana might have an increased risk for heart-related complications. Some evidence suggests that a person's risk of heart attack during the first hour after smoking marijuana is nearly five times his or her usual risk (Nemko 2014). Additionally, another 2014 study found that marijuana use during pregnancy could impede the development of the baby's brain. Smoking marijuana

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during pregnancy has been linked to low birth weights in babies and premature birth as well (Nemko 2014). Some marijuana smokers even show signs of damage and precancerous changes in their lungs. A 2013 study in Cancer Causes & Control found that heavy marijuana smoking might raise the risk of lung cancer (Nemko 2014). Overall, there seems to be little doubt within the medical community that there are a significant number of health problems associated with frequent marijuana use.

Last but not least, a third point of contention between legalization advocates and prohibitionists concerns the societal costs and benefits of each policy. Those who support recreational legalization often point out that prohibition has enormous economic and social costs. For example, they note that every year, American police officers devote thousands of hours to arresting, booking and imprisoning marijuana users, many of whom are otherwise law-abiding citizens. According to F.B.I. statistics, there were 658,000 arrests for marijuana possession in 2012, compared with 256,000 for cocaine, heroin and their derivatives (The New York Times 2014). Harvard economist Jeffrey Miron even estimates that $8.7 billion a year is spent on enforcing laws against marijuana in the U.S. (Evans 2013). Furthermore, these arrests can have serious consequences for the arrested. According to the American Civil Liberties Union, suspects arrested on marijuana charges will often spend a night or more in local jail, and be forced to go into court multiple times to resolve the case. Even if an individual does not go to jail as a result of their arrest, they can still suffer. Their arrest will likely stay on their record for years, crippling their prospects for jobs, loans, and housing. A single marijuana arrest can have devastating consequences (Wegman 2014). On the flip side, legalization advocates also like to draw attention to the fact that the sale of marijuana, like the sale of other goods, can be taxed to generate government revenue. For instance, between July 1, 2014 and June 30, 2015, the state of Colorado collected nearly $70 million in marijuana taxes. What is more, the Tax Foundation recently estimated that a mature marijuana industry could generate up to $28 billion in tax revenues for federal, state, and local governments, including $7 billion in federal revenue (Henchman & Scarboro 2016). When earmarked, these fees and taxes can go to good use. In Colorado, for example, the bulk of marijuana tax revenues has been spent on preventing broader addiction issues through educational programs, substance abuse treatments, and law enforcement training (Cuen 2016).

Of course, marijuana prohibitionists have their own series of counterpoints. They contend that while marijuana legalization would reduce unneeded police expenditures and perhaps limit unnecessary arrests, these benefits are far outweighed by the societal costs that legalization (and thus increased marijuana usage) would entail. For example, marijuana prohibitionists argue that the use of marijuana by employees in a work environment often lowers productivity, increases the frequency of workplace accidents and injuries, increases absenteeism, and leads to lower morale. According to the U.S. Department of Justice, 50% of all on-the-job accidents and up to 40% of employee theft is due to drug abuse. Drug-abusing employees are also absent from work ten times more frequently than their non-using peers, and their turnover rate is 30% higher than for those employees who do not engage in drug use. Workers who report drug use are also significantly more likely to have worked for 3 or more employers in the past year, and to have higher rates of unexcused absences and voluntary turnover in the past year (Institute for a Drug-Free Workplace 2014). Moreover, a 2015 article in the Journal of Occupational and Environment Medicine...
concluded that there is a likely statistical association between illicit drug use, including marijuana, and workplace accidents (Goldsmith 2015). One study published in the Journal of the American Medical Association found that marijuana users had 85% more injuries at work than non-users. The same study found that employees who tested positive for marijuana had 55% more industrial accidents than those who did not (Evans 2013).

What is more, marijuana prohibitionists also suggest that more frequent marijuana use leads to an increase in vehicle accidents. They cite a study by the National Highway Traffic Safety Administration that found that 18% of drivers in fatal accidents tested positive for non-alcoholic mind-altering drugs, mainly marijuana. This study also found that almost twice as many drivers in fatal accidents tested positive for drug use compared to a control group (Nemko 2014). In Washington, the percentage of vehicle accidents in which the driver tested positive for marijuana rose significantly after the State legalized the drug in late 2012. From 2010-11, there was a 0.7% increase, and in 2011-12, there was a 0.7% increase again. In 2013, however, the percentage of vehicle accidents in which the driver tested positive for marijuana rose a whopping 40% (Nemko 2014).

Marijuana prohibitionists even push back against the argument that legalization increases government revenue. They assert that while recreational marijuana could be taxed to raise government revenue, these revenues would be insignificant. They point out that the revenue Colorado raises from taxing marijuana represents significantly less than 1% of the state budget. As such, although this tax revenue is earmarked to go toward fixing schools, it has done little to offset large cuts in K-12 funding in the State (Stiffler 2016).

If this literature review illustrates anything, it is that the approach the government takes toward regulating marijuana is not simple. This is because when it comes to the central questions surrounding the federal legalization debate, the evidence is mixed; it is unclear if recreational legalization would increase usage by teenagers, it is unclear if the medical benefits of marijuana are offset by its potentially harmful side effects, and it is unclear if the social costs of prohibition outweigh the social costs associated with increased marijuana usage. Thus, while a review of today’s literature surrounding marijuana policy is fascinating, it is far from conclusive.

**Question: The Other Marijuana Debate: How Realistic is Federal Legalization?**
The central question remains: “How likely is it that marijuana will be legalized for recreational use at the federal level?”

**Methodology: Context is Important**
To address the question of the viability of federal marijuana legalization, this paper considers the literature and political context surrounding the issue. This is important because both the inherent advantages and drawbacks of legalization, as well as the political climate in which such an effort is taking place, factor into its likelihood of success. Today’s literature often sheds light on the first consideration, but rarely the latter. Thus, to get a better understanding of if the end of federal prohibition is near, this paper takes the question of legalization out of a vacuum and analyzes the prospects of such a change given the history of marijuana regulation in the United States alongside everything else that is happening around marijuana policy today. In doing so, this paper examines studies, journal articles,
reports, newspaper articles, and polls to determine what marijuana legalization advocates are actually saying.

Findings: Legalization? Not so Fast
As mentioned earlier, the marijuana legalization movement has made tremendous progress in the past 20 years. In 1996, California became the first state to legalize marijuana for medical purposes. Today, 28 states (and D.C.) have similar laws. In 2012, Colorado and Washington became the first 2 states to allow marijuana for recreational use, and since then, an additional 6 states (plus D.C.) have followed (Wallace 2016). Even the idea of legalizing marijuana for recreational use has never been more popular amongst the American people. Considering these facts alone, it would seem that federal legalization is just on the horizon, and to be fair, this is a widespread belief amongst marijuana advocates and prohibitionists alike. There is certainly a strong sense that 2016 has been a tipping point for the marijuana legalization movement.

The fact of the matter is, however, that this trend tells only half of the story. While it cannot be debated that significant progress will likely continue to be made on the state level, federal legalization is a different game altogether. Part of the problem, of course, is that progress at the state level is no substitute for the conclusions that can be drawn from those states, and as detailed in the literature review, the evidence from states that have established recreational marijuana markets is mixed. There are certainly pieces of evidence that suggest legalization can be beneficial, but there is also evidence to suggest that prohibition may be a better approach. On the whole, the evidence is not overwhelmingly favorable in either direction, and therefore, because federal prohibition is the status quo, it is not clear that state-based evidence alone is strong enough to overturn that. Thus, contrary to what many legalization advocates claim, the laboratory of democracy experiments currently being conducted in Colorado and Washington do not “prove” that federal legalization would be the right approach.

Even if state-based evidence for recreational legalization was overwhelmingly favorable, there would still be obstacles for the federal legalization movement to overcome. The biggest obstacle, perhaps, is the fact that under the Controlled Substances Act of 1970, marijuana is still categorized as a “Schedule 1 substance”, the most severe of the five schedules. This means that in the eyes of the US Drug Enforcement Administration (DEA), marijuana, like heroin, LSD and ecstasy, has a high potential for abuse and no medical value (Joseph 2016). While this scheduling is largely believed to be unjustified, it is significant nonetheless. This is because categorizing a drug as a “Schedule 1 substance” makes it more difficult to research. For example, to conduct research on Schedule I drugs, scientists have to gain DEA approval and often upgrade the security protocols in their labs, expensive and time-consuming hurdles. They must also meet with federal and state agents, and conduct additional reviews of study proposals (Joseph 2016). Additionally, because marijuana is a “Schedule 1 substance”, the DEA severely restricts the quantity that it makes available for researchers (Joseph 2016). Combined, these factors have prevented significant medical research from being done on marijuana. The lack of research on marijuana is important because for marijuana to become federally legalized for recreational use, it would need to be removed as a “Schedule 1 substance.” Yet, when explaining why the DEA rejected a petition to reclassify marijuana this summer, its acting administrator, Chuck Rosenberg, cited the
fact that scientists do not understand the drug's chemistry and haven't conducted adequate safety and efficiency studies (Joseph 2016). Hence, the effort to reclassify marijuana is caught in a catch-22: because marijuana is a “Schedule 1 substance” it is difficult to research, but it is this lack of research that directly prevents it from being moved to a higher schedule. As long as marijuana remains caught in this paradox, it will not be reclassified, and therefore cannot be legalized for recreational use at the federal level.

Another major obstacle to federal legalization of marijuana is U.S. Attorney General and former Senator, Jeff Sessions. Sessions will likely be the marijuana legalization movement’s worst nightmare. While Sessions has at times been ambiguous on certain law-enforcement matters, marijuana regulation is not one of them. Throughout his political career, he has consistently taken a hardline stance against marijuana legalization. At a hearing of the Senate Caucus on International Narcotics Control in April, he said “We need grownups in charge in Washington to say marijuana is not the kind of thing that ought to be legalized, it ought to be minimized, that it is in fact a very real danger” (Ingraham 2016 B). He then added that “[Marijuana] is dangerous, you cannot play with it, it is not funny, it is not something to laugh about...good people don't smoke marijuana” (Ingraham 2016 B).

Even if Sessions had no authority to directly dictate marijuana policy in this country, his stance on how to regulate it would still be important. Sessions, in addition to being U.S. Attorney General, will be a powerful voice within the Trump cabinet. Therefore, on any policy issue, not just marijuana, his opinion will be influential. As it happens, Sessions will be able to dictate marijuana policy. The reason that state-based recreational marijuana markets exist even though the drug is still federally illegal is because of the approach that the Obama Justice Department took toward enforcing federal marijuana policy. In 2013, James Cole, a deputy attorney general for the Justice Department, wrote a memo to all federal prosecutors setting marijuana enforcement priorities. The Cole Memo encouraged federal prosecutors to focus their efforts on preventing revenue from the sale of marijuana from going to cartels, and preventing violence in the drug’s distribution (Higdon 2013). These priorities did not include prosecuting marijuana businesses operating in regulated state markets, which has given these companies room to grow (Higdon 2013). Of course, Sessions could remove these protections simply by withdrawing the Cole Memo, giving federal prosecutors the power to prosecute marijuana business even if they are legal under state law.

In fact, if Sessions does not want to wait for federal prosecutors to go after the marijuana industry on their own, he can do it himself. It would certainly be within the power of the Attorney General to order targeted prosecutions of large recreational marijuana farms and shops, even if they are operating within the confines of state law (Miller 2016). Not only would this shut down major marijuana suppliers, it would also send a clear message. Also, pursuing some high-level prosecutions and sending threatening letters out to marijuana business owners would likely have a chilling effect, deterring entrepreneurs from the marijuana industry (Miller 2016).

While it is true that Sessions alone cannot prevent federal legalization, he can easily dismantle the industry to such a degree that legalization would be practically impossible. As such, his confirmation as Attorney General represents a huge setback for the recreational marijuana movement, and another massive obstacle standing in the way of federal legalization.
Finally, although the DEA rescheduling paradox and Attorney General Sessions certainly represent the two biggest roadblocks preventing federal legalization, public opinion dynamics cannot be discounted. Ultimately, only Congress can federally legalize marijuana for recreational use. Therefore, for federal legalization to occur, such an initiative must be supported by Congress. However, amongst key congressional constituencies, marijuana legalization is actually unpopular. For example, according to a Pew Research Center poll done in October, only 41% of Republicans believe that marijuana should be legal, and this number drops to 33% amongst conservative Republicans (Geiger 2016). This is damaging to the legalization movement because Republicans currently control both chambers of Congress, so, what Republican voters think is actually very important. Likewise, according to the same Pew Research Center poll, only 33% of those from the “Silent Generation” (born between 1925 and 1945) support legalization (Geiger 2016). This matters as well because seniors tend to be the most actively involved constituents. They are the most likely to vote, they are the most likely to call their representative, and because of this, legislators want to make sure that the seniors in their districts remain happy. Thus, although support for marijuana legalization has never been higher within the American populace, public opinion amongst disproportionately influential constituency groups represents a third significant obstacle to the federal legalization of marijuana.

This is Just the Beginning

The findings of this paper suggest that despite the spread of marijuana liberalization policies at the state level in 2016, there remain perhaps insurmountable obstacles to federal legalization. Despite the tremendous optimism of the legalization movement, there are still numerous obstacles in its way. Evidence from state-based recreational markets is mixed at best. The DEA’s system of classifying drugs stymies research. Jeff Sessions is the most anti-marijuana Attorney General in history. Key constituency groups, with vastly disproportionate influence over Congress, still oppose marijuana legalization. For these reasons, it is highly unlikely that marijuana will be federally legalized for recreational use any time soon.

That said, the goal of this paper is not to end of the debate over the viability of federal marijuana legalization. Rather, this paper seeks to get the conversation started. The biggest problem with the literature surrounding marijuana policy today is that there is a great amount of discussion about the effects of recreational legalization, but not nearly enough discussion about how marijuana policy is expected to evolve over time. Fortunately, this gaping hole provides great opportunities for additional research. There has been little research done on how changing demographics in the U.S. will likely affect public opinion on marijuana legalization in the future. Similarly, few scholars in the field are discussing how an increase in the lawful supply of marijuana to scientists would change the regulation landscape. These are but a few of the many questions that deserve further investigation. Hopefully, as the debate over federal marijuana legalization gains prominence, these questions will get the answers they deserve.
References


Adam Chernew


What’s Wrong with Paying Parents to Not Have Children?

Benjamin Feis

Abstract
In this paper, I use the example of Project Prevention, a nonprofit that incentivizes people with substance abuse problems to not have children, as a launching point to pose a thought experiment. Namely, I consider a hypothetical policy whereby the U.S. government would issue a $5,000 tax credit per year to poor women or couples if they refrain from having a child. I examine several arguments in favor of such a policy, most notably that it produces mutual gains for both parties and is, technically speaking, completely voluntary. I then outline three potential objections to the policy. The coercion objection worries that when a poor woman or couple “consents” to the policy, they are not truly acting freely. The social engineering objection says that it is not the government’s place to say who is and is not fit to have children, much less intentionally or unintentionally “select out” a specific category of people in society. Finally, the corruption objection says that the policy is wrong because it requires that the parties to the transaction value the activities of childbearing and childrearing in a corrupting way—in other words, by treating them according to lower norms than are appropriate. Despite finding all three objections quite compelling, particularly the latter, I do not go so far as to claim that payment for pregnancy refrainment should be illegal in the private domain. What makes this particular formulation of the hypothetical unacceptable is that the federal government itself is a party to the morally wrong transaction.

Introduction
Since 1997, North Carolina-based nonprofit Project Prevention has been offering cash incentives to women and men addicted to drugs and/or alcohol to use long term or permanent birth control (i.e., sterilization). As the organization explains, births associated with drug and alcohol abuse lead to a disproportionate number of Fetal Alcohol Syndrome cases, instances of child abuse and neglect, and placement of children into foster care. In light of this, Project Prevention’s stated mission is to “[lower] the number of children added to foster care, [prevent] addicts from the guilt and pain they feel each time they give birth only to have their child taken away, and [prevent] suffering of innocent children.”

In its nearly two decade existence, the organization has paid nearly six thousand people to use various forms of birth control, with the average payment per person amounting to approximately $300.

The purpose of this paper, however, is not to assess the moral permissibility of Project Prevention and its mission. Rather, I use the organization as a launching point to discuss a different, yet related thought experiment. First, though, consider the following facts. Children growing up in poverty experience poorer health, higher incidence of developmental delays and learning disabilities, and hunger compared to their more affluent

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peers.\(^3\) Additionally, among Americans who spend the majority of their childhood years (birth to age 15) in poverty, over 45 percent will still be in poverty by age 35.\(^4\) Finally, consider that means-tested government welfare spending in the U.S. amounts to around $7,000 per year for individuals who have an income below 200 percent of the poverty line. This spending accounts for a full one-seventh of the federal government’s annual budget.\(^5\) Clearly, welfare spending on the poor imposes significant financial costs on the U.S. government and American taxpayers.

Given this, I want to propose the following policy. For adults under age 40 who fall beneath the poverty line, the U.S. government will issue them a tax credit in each year that they refrain from having a child. The specifics of this policy are not crucial for the purposes of this paper, but I will clarify a few. First, I say under age 40 because it would not make sense to incentivize an older person to avoid having children, as he or she would likely not be interested in, or able to, have a child in the first place. Ultimately, however, the specific age chosen is arbitrary. Second, the tax credit would apply to unmarried women as well as married couples in order to ensure that young, unmarried women are still incentivized even if they are not married. Third, the annual amount of the tax credit would be large—let us call it $5,000 per year. Again, the exact amount is not important so long as it is less than $7,000 per year, which we previously said is the annual cost to the government of providing welfare to a poor individual. If the credit were larger than this, the policy would not make financial sense for the government.

In view of this hypothetical proposal, my aim in this paper is to assess what is morally wrong, if anything, about such a policy. I have chosen to define the policy in terms of refraining from having children as opposed to sterilizing oneself (as in the Project Prevention example) both because I believe it makes for a slightly more interesting philosophical question and because it is perhaps more believable (or less egregious) as a matter of public policy. In spite of this, I want to suggest that there is indeed something morally wrong about such a policy and that the strongest claims against it rely upon the corruption argument—that is, the policy corrupts the activities of childbearing and childrearing by treating them according to a lower norm than is appropriate to them.

**Arguments Supporting the Proposed Policy**

There are, admittedly, several compelling arguments in favor of the proposed policy. In fact, from a purely economic perspective, it makes perfect sense. The arrangement produces gains for both parties—the woman (or couple) receives an extra $5,000 per year, and the government winds up spending less overall due to the reduced cost of providing welfare (a particularly appealing outcome given the pressures of the federal government’s present fiscal situation). Therefore, according to standard market logic, we can safely say that the “transaction” is economically efficient.

One might also argue that the policy provides less obvious financial and nonfinancial benefits to women and couples. Young parents may not fully understand how

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challenging it is to raise a child while poor, and this policy discourages them from entering a situation they may be unprepared for. Not only does the policy provide a monetary benefit, it also saves parents from the large costs – time, mental and emotional stress, and financial costs, among others – that come with raising a child. Of course, this argument discounts the numerous undeniably positive aspects of having a child, which parents should weigh appropriately.

Finally, one can argue that the policy is, technically speaking, completely voluntary. As in the Project Prevention example, women and couples are never legally obliged to refrain from having children. They are free to claim the tax credit if they prefer having an extra $5,000 over having a child in any given year. And if they value the utility of having a child more than they value $5,000, this option is perfectly available to them, too. While we may find this argument compelling on its surface, we might also question whether consent given the conditions of poverty is truly voluntary. I turn to this concern – the coercion objection – in the next section.

Arguments Opposing the Proposed Policy

There are several objections we can make to the proposed policy, but I choose to focus on three in particular. I call them the coercion, social engineering, and corruption objections, and I will address each in turn.

Coercion

The coercion objection worries that when a poor woman or couple “consents” to refraining from having a child in exchange for a tax credit, they are not truly acting freely. Given the hardships imposed by conditions of poverty, the option to claim an extra $5,000 per year may not actually feel like a choice. Even though nobody is telling them they must opt for the tax credit, burdens like paying rent, putting food on the table, and covering medical bills may make the credit too attractive to resist. As Satz writes, describing possible objections to the sale of kidneys, this is a sort of “desperate exchange,” the kind that “no one would ever make unless faced with no reasonable alternative.”6 If this is the case, then we cannot understand the party’s consent as voluntary in the same way that we would understand a wealthy person’s consent to be voluntary given the same set of choices.

One potential concern with this objection asks where we draw the line between coercion and freedom of choice in market transactions. If a poor person with few marketable skills accepts a job working at a fast food restaurant, is this coercion? Probably not, as such a belief would severely erode any notion of what it means to have a free market capitalist economy. As Nozick suggests, voluntary transactions in accordance with the principle of justice in transfer are what preserve justice in society.7 Surely, though, some will disagree and believe that the situation I have described is indeed coercive. Ultimately, the problem with taking the coercion objection too seriously is that it loses force when drawn to its logical extreme.

Social Engineering

Arguing against Project Prevention, some critics have likened the organization to eugenics

movements throughout history—the sterilization of Jews in Nazi Germany and blacks in the American South, among others. Project Prevention treats drug addicts as “less than human,” critics say, by encouraging them to not have children. One can imagine that a very similar argument can be made against the policy here in question. By incentivizing those who fall under the poverty line to not have children, the policy effectively proclaims one category of people in society as unfit to raise children. One can take this objection one step further by saying that the policy not only deems poor parents unfit to have children, but also intentionally or unintentionally “selects” poor people out of society over time. Even if the program is technically voluntary, as opposed to other eugenics movements, the social engineering argument says that it is not appropriate for the government to say who is and is not fit to have children, much less select out a specific category of people in society.

The strongest counterargument to the social engineering objection hinges on how we understand the motives behind the policy. Let us assume that the federal government’s intention behind instituting such a policy has nothing to do with selecting the poor out of society or even making a claim as to whether poor parents are fit or unfit to have children. Rather, let us assume that the only motive is to ameliorate some of the fiscal crisis and create a more balanced budget. After all, the policy potentially saves the government thousands of dollars per person if the tax credit issued is sufficiently lower than $7,000. Now, how do we interpret the social engineering objection? If we care primarily about original intentions, then nothing here seems particularly morally problematic. If, however, we take the consequentialist approach, then the outcome of the policy is all that matters. My aim is not to take a stance in favor of either one of these positions. That being said, it does seem to me that if a policy like this were ever implemented in the U.S., a sizeable portion of the opposition would side with the consequentialist approach.

**Corruption**

The most forceful objection to the proposed policy relies upon the corruption argument, which says that the problem with paying poor people to refrain from having children has to do with the nature of the good being bought and sold, not the conditions under which the transaction occurs. According to this view, the activities of childbearing and childrearing are not ordinary market goods that can be assigned a simple market value. It is not just that these activities are incomparable with money—that no positive comparative evaluative judgment between the two is true. Rather, it is that childbearing and childrearing have value incommensurability with money. Because of the special nature of what these activities represent, their value cannot be reduced to a common measure with money. This implies, as Anderson notes, value pluralism in the sense that childbearing and childrearing are necessarily valued in a different way than money is valued. Consider a related example: baby selling. Sandel writes, “Having babies in order to sell them for a profit is a corruption of parenthood because it treats children as things to be used rather than things to be loved.”

Whereas standard market goods (i.e., commodities) embody the ideal of economic freedom and can be fully valued through their use, childbearing and childrearing taken together

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10 Ibid, 46.
embody a different ideal altogether. They are goods that fall squarely in what Anderson calls the personal sphere and they embody an ideal of intimacy and commitment.

The only proper mode of valuing goods in this personal sphere, Anderson claims, is through gift exchange. Anderson writes, “These goods cannot be procured by paying others to produce [or relinquish] them, because the worth of these goods depends upon the motives people have in providing them.”11 Imagine the following scenario. A newly married couple is thinking about having children, but the husband is very busy with his budding career and is not sure that having a child now is in the couple’s best interest. The wife would prefer to have a child now, but refrains from doing so in order to respect her husband’s wishes. This interaction, in Anderson’s view, represents the gift exchange norm. What, then, is wrong about paying parents to refrain from having children? It is that the activities of childbearing and childrearing become corrupted as soon as we value them according to lower norms than are appropriate to them—in this case, the norms of purely economic goods.

Before proceeding, I want to make an important clarification about the specific kind of incommensurability we are talking about. Raz writes, “For many, having children does not have a money price because exchanging them for money is… inconsistent with a proper appreciation of the value of parenthood.”12 Here, though, he discusses the case of selling one’s actual child (instead of one’s right to have a child), which he claims has a special kind of incommensurability with money called constitutive incommensurability. By this he means to say that holding the belief that children and money are incommensurable with one another is a necessary condition of what it means to be a parent. One cannot truly be a parent unless he or she believes that children and money are incommensurable with one another.

In the present case of giving up one’s right to have a child, I want to make a departure from Raz’s argument. While this right has value incommensurability with money, I do not want to go so far as to say that it has constitutive incommensurability with money. I say this for two reasons, one conceptual and one empirical. First, the right to have a child and actually having a child are two very different concepts. Even if someone is perfectly willing to sell her right to have a child at a given time, we should not be surprised if and when she refuses to sell her newborn baby (and indeed expresses indignation at the mere suggestion). Second, Raz writes, “If A and B are [constitutively incommensurable], then if an agent is in a situation in which option A is his and B can be obtained by forgoing A, he will normally refuse to do so.” As an empirical matter, this statement does not hold true. One need not look much further than Project Prevention, which has already gotten nearly six thousand people to refrain from having children in exchange for payment. All to say that giving up one’s right to have a child is not constitutively incommensurable with money—that is, just because someone sells or even entertains the thought of selling her right to have a child, does not mean that she is disqualified from childbearing at some point in the future.

In light of the corruption objection, one might argue that the woman (or couple) in this case is selling something that belongs to her and should therefore be entitled to sell it for a price. This stands opposed to bribery of a public official, for example, which is a

different form of corruption. Here, the official sells something that does not belong to him, such as his vote (assuming a democratic system of government) or a verdict if he is a judge. But whereas the public official should not have the right to sell something that does not belong to him, the counterargument here claims that women should have the right to sell something that belongs wholly to them, namely their right to reproduce. This argument resembles claims in favor of legalizing prostitution, which say that if women own their right to engage in casual sex, then they should also be able to sell this right for a price. To claim otherwise is to endorse a system of governmental paternalism whereby the government can tell its constituents what they can and cannot do with their own bodies.

Ultimately, though, the question of whether a woman or couple should be allowed to sell the right to bear children is a legal matter, not a moral one. My aim in this paper has been to show that selling this right is indeed morally wrong due to the coercion, social engineering, and, most powerfully, corruption objections. The proposed policy is morally wrong because it unjustly coerces poor people to “consent” to not having children and because it resembles a program of eugenics that aims to select out poor people from society. Most importantly, the policy is wrong because it demands that the buyer (i.e., federal government) and seller (i.e., woman or couple) value the activities of childbearing and childrearing in a corrupting way.

Just because an action is morally wrong, however, does not necessarily mean that it is or should be illegal. Consider cigarette smoking or cheating on a boyfriend or girlfriend as just two examples. What makes the proposed policy especially objectionable (i.e., perhaps illegal, not just morally wrong) is that it makes the federal government itself a party to the morally wrong transaction. Even if we agree that it is acceptable for the state of Nevada to permit prostitution, for example, we would likely find it problematic if the state government itself started paying women to prostitute themselves. For this precise reason, the proposed policy should not be allowed. The U.S. government should not be a party to a morally wrong transaction, even if it cannot ban such transactions in the private domain. This, of course, begs the question and brings us back to the example that opened this paper: Project Prevention. My view is that, even if we find payment for pregnancy refrainment morally wrong, it should still be allowed in the private domain. If a similar organization wanted to offer poor couples, not just drug addicts, money to not have children, this should likely be allowed. This, of course, would undoubtedly be a complicated legal matter, and one which I will leave to the imagination.

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