Conclusion

Women are poor for a variety of reasons, including limited access to post secondary education, pressure to stay in low-wage, dead-end jobs, discrimination and sexual harassment in the employment setting, and domestic violence. Yet, the reasons why women stay poor are very different ones. State implementation of Child Exclusion policies, restricted access to affordable, high-quality child care, attacks on reproductive freedom, and early childbearing are all factors that prevent women and their children from becoming economically self-sufficient. This has remained true despite generations of policies, practices, and strategies designed and implemented to address the issue of widespread poverty in the United States. The failure to explore and remove the root causes of women's poverty has rendered these efforts inadequate.

The Welfare Reform of 1996 has created a national focus on reducing welfare rolls and the incidence of out-of-wedlock births to indigent women, and on encouraging the formation and maintenance of two-parent families. The fact that most pregnancies in the United States are unintentional, that women on welfare do not have larger families than women who are not on welfare, and that there is no evidence that out-of-wedlock births or single-parent households cause poverty, are all factors that legislators were all too anxious to ignore in 1996. In their minds, poor women's reproductive choices were responsible for wide-ranging indigence and welfare dependence.

When New Jersey enacted the first statewide Child Exclusion provision in 1992, the sponsor of the measure, State Assemblyman Wayne Bryant, stated in no uncertain terms that the bill, which was denying benefits to any new baby born into a welfare family, was "intended to discourage ADFC recipients from having additional children."[1] Fueled by stereotypes about who receives welfare and why, and for how long, the Child Exclusion – or

[1]NOW Legal Defense and Education Fund, *Welfare and Poverty. Welfare Reform: After Five Years Is It Working?* (New York: NOW Legal Defense and Education Fund, 2002).

Family Cap, as it is often referred to – caught on quickly. Currently 23 states have some version of Child Exclusion in place.

Research on the outcomes of Family Cap policies across the nation indicates that caps on newborns have little if any effect on birth rates, but greatly increase the chance that those same newborns will become welfare-dependent in the future. As highlighted in Chapter two, a 1997 study on the consequences of the New Jersey Child Exclusion policy conducted at Rutgers University revealead that caps on children did reduce birth rates to women on welfare, but only because so many more of them were choosing to have an abortion. The study estimated that the policy resulted in approximately 240 more abortions per year.[2] The State of New Jersey's response to the Rutgers Report was as imperceptive as federal legislators' opinions concerning poverty and its causes. Although the Report was filed in December of 1997 with the Department of Health and Human Services (HHS) and contained no indication that the results were preliminary, the State of New Jersey considered it a draft, and sent it back to Rutgers for review.

The Welfare Reform not only expects women to be scarcely prone to engage in sexual activity, but also to be more inclined to work. More precisely, the Welfare bill emphasizes a "work-first" approach, under which finding any kind of job is generally encouraged over receiving training and education, widely recognized as being "the [two] most effective ways for a low-income person to become self-sufficient through long-term employment."[3] According to this approach, federal law requires states to place large proportions of their adult caseloads in "approved" work activities for a prescribed number of hours, in order for eligible individuals to receive cash grants. Currently, single mothers are required to participate in state workfare programs for a minimum of 30 hours a week. In 2002, in what appeared to be an effort to make it even harder for women to comply with work requirements, the Bush Administration proposed to raise the minimum amount of working hours to 40 per week. On February 8, 2006, President George W. Bush signed into law the Deficit Reduction Act of 2005 which reauthorizes the Temporary Assistance to Needy Families (TANF) program. The Deficit Reduction Act substantially increases the hours of work, training, or community service that welfare recipients need to perform in order to continue to qualify for assistance. In months leading up to the passage of the welfare reauthoriza-

[2]Ibid.

[3]C. Polk, "Report Says Welfare Law Hinders Self-Sufficiency," *Women's eNews,* 1 March 2002.

tion bill both Democrat and liberal advocacy group maintained that the harsher welfare-to-work requirements included in the Act were not "backed up by [adequate] funding to subsidize child care."[4] Moreover, advocates argued that the bill's proposed cuts "to food stamps and Medicaid [would] add still more pressure on welfare recipients transitioning to the ranks of the working poor."[5]

Because of their very limited incomes, welfare mothers find it extremely difficult to juggle parenting demands and work-first requirements. If poor women have to find employment and stay employed, or have to participate in state welfare-to-work programs, they also have to have access to affordable, high-quality child care.

Chapter 3 shows how scarse child care supply to indigent women was prior to the Welfare Reform of 1996. In 1990, only 1.4 of the eight million children eligible to receive child-care benefits were actually collecting them. Subsidized child-care slots were almost non-existent in low-income communities, especially for infants and toddlers, and during non-standard hours and on weekends. Consequently, in 1990, 50 percent of all single mothers worked non-standard hours, while only ten percent of all child-care centers in the country offered child care after 5:00 p.m. or on weekends. Chapter 3 also shows that at the beginning of the 1990s, child care was not an affordable commodity to low-income women. In 1993, for example, they were spending a debilitating 20 percent of their annual incomes on child care. As for the quality of the child care arrangements that poor women could afford, the snapshot offered in Chapter 3 is even more depressing. In fact, in 1990 only one in seven centers nationwide provided care that enhanced children's development, while 40 percent of all infants and toddlers were cared for in facilities that compromised their health and safety.

Since 1945, the federal government has provided public funding for child care in fits and starts. Money allocations have been inconsistent in purpose and amount, reflecting an ongoing tension between public and private responsibility for the care of young children. The federal government has often considered child care as an emergency measure, a response to a specific, pressing social phenomenon, such as the promotion of female employment during World War II or the need to compensate for welfare dependency over the last two decades.

When the Child Care Development Block Grant was passed in 1990, the

[4] J. Weisman, "House Bill Raises Welfare Work Requirement," *The Washington Post,* Saturday, 27 November 2005, A10.

[5] Ibid.

government called it "the most far-reaching attempt to meet the child care needs of low-income and working poor families," and the government was probably right. The Block Grant allowed states to apply for federal funds to subsidize child care, and most importantly it required states to set aside 25 percent of those funds to improve the quality of existing programs.

As explained in Chapter 3, the Welfare Reform bill fundamentally altered the nature of federal financing for child care services. It did so by repealing the Block Grant, by increasing state discretion over spending, and by lowering the quality set-aside by four percent. As a result, in 2000 only 14 percent of all low-income families had access to child care arrangements that they could afford, while only 12 percent of all children eligible to receive subsidies were in fact receiving them. This proportion decreased to ten percent in 2002. Poor families are still spending 18 percent of their annual incomes on child care, and in some states, the income eligibility ceilings are so low that only the poorest of the poor can qualify for child care subsidies. For example, in Alabama, Iowa, and South Carolina, a family of three earning $20,000 a year is not eligible to receive publicly funded child care. The same family should earn as little as $14,000 a year in order to qualify for subsidies. Finally, the effect of the four percent quality set-aside implemented by the Welfare bill worsened the overall standard of care in existing child care programs. Only one in nine child care arrangements currently available to poor families is considered to be of good quality. Also, child care providers remain one of the lowest paid category of workers in the country. Because of shockingly low wages, only a small portion of caregivers can afford to stay in their jobs for a long period of time. This results in alarmingly high turn-over rates among child care providers, which in turn compromise the stability and quality of the care that children receive. In 2000, child care providers were earning $7.46 per hour, for a total of $16,350 a year. For a full-time job this yearly income is little above the 2001 poverty threshold of $14,000 set by the Federal Office of Management and Budget (OMB) for a family of three. About 97 percent of all child care providers in the nation are working poor single mothers. At these wages, many of them are forced to work two jobs, and to forego health insurance and medical care for themselves and for their children. When faced with the inability to afford child care, poor working women can either opt for "kith and kin" care, leave their children unsupervised, or come up with inventive solutions, like paying a taxi driver to pick up their children from school and have them dropped off exactly at the time when their mothers come home from work.

At times, however, not even imagination can help indigent women to find someone who will look after their children. When in 1999 Zina Campos, a

pregnant low-income mother residing in Gilroy, one of the poorest farming community in Northern California, was told that the only way for her to have a tubal ligation following the delivery of her ninth baby was to travel 45 miles away from where she lived, the impossibility to find care for her other eight children was one of the reasons why she decided not to undergo the procedure. Yet, the reason why Campos could not have a tubal ligation performed at her community hospital had nothing to do with her imagination or with her ability to find child care. During a routine check-up, her doctor informed her that Catholic Healthcare West (CHW), California's largest healthcare system, had recently purchased the only hospital in Gilroy. As discussed in Chapter 4, acquisitions and mergers between religious and non-religious hospitals are taking place at an unprecedented pace all over the United States, and with disastrous consequences for indigent women. Generally, because of their predominant financial position, Catholic hospitals put women's reproductive freedom under attack, by requiring non-sectarian hospitals to refrain from providing health care services explicitly prohibited by the Church, such as contraception, sterilization, assisted reproduction, and all forms of abortion. Traveling 45 miles away from home is an arduous task for many poor women like Campos. Poor women do not normally possess a car, and public transportation and child care are often too expensive for them to afford. For these reasons, many of them will quickly abandon the idea of obtaining the reproductive health care services that they are entitled to, if those services are not provided in a facility close to where they live. This means that, like Campos, many poor women in the United States are trapped in a vicious cycle of hospital mergers and Family Cap polices. In fact, while Child Exclusion provisions punish welfare mothers for bearing more children, religious hospital mergers and acquisitions deny them the chance to make informed choices about their reproductive destiny.

Teenage mothers were at the center of the policy debate that shaped the Temporary Assistance for Needy Families (TANF) program in 1996. With research showing that historically, almost 50 percent of all welfare recipients had their first child in their adolescent years,[6] lawmakers were once again quick at arguing that poverty and welfare dependence were caused by single-parent families, many of which had been started by unmarried teen mothers.

As argued in Chapter 5, it is really not surprising that American policy-

[6]General Accountability Office, *AFDC Women Who Gave Birth as Teenagers* (Washington, D.C.: General Accountability Office, 1994), 94-115, quoted in J. Levin-Epstein and J. Hutchins, *Teens and TANF: How Adolescents Fare Under the Nation's Welfare Program* (Washington, D.C.: The Henry J. Kaiser Foundation/Center for Law and Social Policy, 2003), 1.

makers based their Welfare Reform bill on an argument of this sort. In fact, over the last 40 years, federal and state administrators all over the country have been trying to control what they view as an epidemic in adolescent pregnancy. An epidemic that is not only erroneously held responsible for creating poverty and welfare dependency, but also one that has been literally constructed by liberals and conservatives as the social phenomenon America fears today.

When it comes to adolescents' childbearing rates, statistics speak for themselves. Although the U.S. teen birthrate is one of the highest among the Western industrialized countries, during the last decade both teenage pregnancy rates and birthrates have declined to record low-levels.[7] Also, available studies have demonstrated that it is not teenage pregnancy that causes poverty but the reverse, and that poverty is the main risk factor for early childbearing, together with violence and lack of hope for the future.[8]

In its attempt to control this so-called epidemic in adolescent illegitimacy, the governement requires minor parents to abide by three provisions in order to receive TANF aid. First, they must live at home with their own parents or guardians, or in another approved adult-supervised setting. This requirement, known as "the minor parent living arrangement rule," was designed to ensure that births to parenting teenagers do not become repeat births. Second, minors must participate in state education or training programs once their infants are at least 12 weeks old. Finally, they must follow the 60-month-in-a-lifetime limit on receipt of public assistance when they become heads-of-households or marry heads-of-households, meaning that they agree to receive welfare benefits for a maximum of five years total. Echoing an old stereotype that equates public benefits to rewards for lazy recipients, this requirement is aimed at teaching parenting teenagers that welfare is not a means to set up a separate household. Alternatively to providing parenting teenagers with cash grants, federal law also allows states to use TANF dollars to finance education programs focusing on preventing the occurrence of adolescent pregnancy. A 1999 survey by the American Public Human Services Association (APHSA) reports that 46 states are currently using TANF money to fund projects that address teen pregnancy prevention, while a total of 12 states has chosen to utilize federal resources to support abstinence education as a strategy to reduce out-of-wedlock births among minors.

[7] S. J. Ventura, T. J. Matthews, and B. E. Hamilton, "Births to Teenagers in the United States, 1940-2000," *National Vital Statistics Reports* 49 (2001): 1-24, 7.

[8] K. Luker, *Dubious Conceptions: The Politics of Teenage Pregnancy* (Cambridge: Harvard University Press, 1996).

The Welfare Reform bill views abstinence education as the most efficient way to control the spreading of adolescent pregnancy. For this purpose, it finances state implementation of a specific type of abstinence education program commonly referred to as Abstinence-Only, since it does not allow teaching or discussion of birth control methods, or limits such discussion to the ineffectiveness of contraceptives in preventing pregnancy and sexually transmitted diseases. Yet, while the federal government keeps praising Abstinence-Only education, and President Bush allocates additional funding to abstinence education initiatives, findings from a recent review of Abstinence-Only evaluations points out that "there do not currently exist any Abstinence-Only programs with reasonably strong evidence that they delay the initiation of sex or reduce its frequency" among minors.[9]

Similarly, while conservatives continue to argue that teenagers should not have sex, and liberals continue to affirm that teenagers should not have babies, both also continue to ignore readily available research on adolescents' attitudes concerning sexuality and childbearing. Such research widely demonstrates, contrary to simplistic common beliefs, that teenage pregnancy is not the outcome of one single factor, namely sex. Rather, it is the outcome of complex interrelated factors such as indigence, violence, and abuse. An outcome, however, that seems to have one common denominator, limited life options. Women who become mothers early in life are very likely to be poor, to live in a low-income neighborhood, to have had difficulties in school, to be victims of domestic violence and sexual abuse, and therefore to hold low expectations for their future. Far too often these young women feel that they have nothing to loose from an early pregnancy, and that motherhood could give meaning to their otherwise hopeless lives.

As highlighted in Chapter 5, sex education programs that teach teenagers not to have sex, and that sex outside the context of marriage is likely to have harmful psychological and physical effects, do not target the factors responsible for adolescent sex and early childbearing. In order to make teenagers' sexual and reproductive choices truly informed, education programs should teach teenagers about safe sex, while states should improve minors' access to birth control methods. Instead, the majority of sexually active teenagers in the United States is currently enrolled in abstinence education programs, and they are deterred from access to family planning services by misinformation, costs, distance, non-confidentiality, and the stigma commonly associated with the use of contraception by a minor.

[9]D. Kirby, Ph.D. *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy* (Washington, D.C.: The National Campaign to Prevent Teen Pregnancy, 2001).

Completing high-school and accessing post-secondary education are also fundamental steps to reduce the incidence of teenage pregnancy and to ensure future economic security to young women and their children. Since inadequate education is not only a consequence of teenage pregnancy but also one of its precursors, school districts need to provide pregnant and parenting teens with equal curricula as mandated by federal and state law. Regrettably, far too often, school principals all over the country discriminate against pregnant students by advising them to leave the school facility. In doing so, they are not only compromising the students' chances to become financially self-sufficient, they are de facto violating civil rights laws, which grant pregnant and parenting teens full access to educational opportunities, confidential medical care, leaves of absence and excused absences, and participation to physical education classes and graduation ceremonies.

There is no early chilbearing epidemic in the United States. Teenage pregnancy is the consequence of other, more compelling social issues such as limited life options for poor young women, restricted access to contraception for minors, inadequate education, and violence. These factors represent the illness that policymakers should try to treat and prevent, not sex, much less adolescent pregnancy.

The problems that plague women, employment discrimination based on gender, sexual harassment at work, inadequate childcare, limited access to post-secondary education, attacks on reproductive freedoms, and violence hit poor women the hardest, because these women are already so close to the margins of economical and physical safety, and because they have the fewest resources to assist them in exercising their rights. In 1986, historian Michael B. Katz wrote that "in a nation so smart, inventive and rich as America, the continuation of widespread poverty is a choice, not a necessity."[10] A decade later, with the implementation of Welfare Reform in 1996, America reaffirmed this choice. And once again, it left poor women with very little room to choose for themselves.

[10]M. B. Katz, *In the Shadow of the Poorhouse: A Social History of Welfare in America* (New York: Basic Books, 1986).