

Economic Outcomes of Women and Children in Illinois Compared to States that Have Banned or Are Likely to Ban Abortion

November 4, 2022

Grace Dunn

Research Associate
Illinois Economic Policy Institute

Frank Manzo IV, M.P.P.

Executive Director Illinois Economic Policy Institute

Robert Bruno, Ph.D.

Professor and Director Project for Middle Class Renewal University of Illinois at Urbana-Champaign





Executive Summary

On June 24th of 2022, the U.S. Supreme Court voted 6-3 in *Dobbs v. Jackson Women's Health Organization* to overturn *Roe v. Wade*, upending a five decades-long precedent on women's reproductive healthcare rights.

Previous research has linked reproductive healthcare with improved outcomes for women and children.

- The legalization of abortion reduced teen motherhood by 34 percent.
- The legalization of abortion reduced maternal mortality, including by 40 percent for Black women.
- Women who are denied access to abortions experience a 78 percent increase in past-due debt and an 81 percent increase in bankruptcies and evictions.
- For young women who experience unintended pregnancies, access to abortion improves college graduation rates by 18 percent and boosts employment by as much as 27 percent.
- The legalization of abortion lowered childhood poverty, decreased crime rates, and improved children's educational outcomes.

Despite six-in-ten Americans (61 percent) saying that abortion should be legal in all or most cases, there are at least 20 states that have already banned or are likely to ban the procedure. These states were restricting abortion access through various regulations prior to the *Dobbs* decision. By contrast, Illinois has expanded women's reproductive rights and ensures that health insurance plans cover reproductive healthcare.

Data reveals that Illinois' women ages 18 to 45 years old and children under 18 years old fare substantially better than their counterparts in the states that have banned or are likely to ban abortion.

- 1. Annual incomes for women workers in Illinois are 8 percent higher.
- 2. Women workers in Illinois are 7 percent more likely to be covered by health insurance plans.
- 3. Illinois' children are 5 percent more likely to be covered by health insurance plans.
- 4. Women workers in Illinois are 16 percent more likely to have bachelor's degrees or higher.
- 5. Women workers in Illinois are 11 percent less likely to fall below the federal poverty line.
- 6. Childhood poverty is 13 percent lower in Illinois.
- 7. In general, homeownership rates of employed women are marginally higher in Illinois.
- 8. The employment rate of women is 2 percent higher in Illinois.
- 9. Illinois has 14 percent more women serving as CEOs of private and nonprofit organizations.
- 10. The Illinois General Assembly has 74 percent more women serving as state legislators.

While Illinois provides superior economic conditions for women and children than these 20 ban or likely-to-ban states, research suggests that the state could take additional policy actions to improve outcomes for women in the workforce. The state could:

- Expand access to affordable childcare options and enact a refundable childcare tax credit.
- Adopt paid family leave and paid sick leave policies.
- Improve college affordability by increasing financial aid or making community colleges tuition-free.
- Encourage Illinois businesses to implement flexible work arrangements.

If either the U.S. Congress or state lawmakers make abortion illegal in Illinois, teen motherhood and childhood poverty would be expected to increase and women's labor force participation and higher education enrollment would be expected to decrease—which would shrink the state's economy. If reproductive healthcare rights remain protected in Illinois, the data shows that the state is positioned well to attract and retain women workers. However, policy changes can expand the labor force participation and career advancement of women while making Illinois a more attractive place for working families.

Table of Contents Executive Summary i **Table of Contents** ii About the Authors ii Introduction 1 How Illinois' Women and Children Fare Against the Ban or Likely-to-Ban States 3 **Annual Incomes of Women Workers** 7 Health Insurance Coverage for Women Workers 7 Health Insurance Coverage for Children 10 Women Workers with Bachelor's Degrees 11 Women Workers in Poverty 12 Children in Poverty 13 Homeownership Rate of Women Workers 14 Employment Rate of Women 15 Weekly Hours Worked by Women 16 Women in Leadership Positions 17 Recent Developments and Potential Policy Options 19 Conclusion 21 Sources 22 **Cover Photo Credits** 26

About the Authors

Grace Dunn is a Research Associate at the Illinois Economic Policy Institute. She earned a Bachelor of Arts in Public Policy from the University of Michigan Ford School of Public Policy and a Minor in Writing.

Frank Manzo IV, M.P.P. is the Executive Director of the Illinois Economic Policy Institute. He earned a Master of Public Policy from the University of Chicago Harris School of Public Policy and a Bachelor of Arts in Economics and Political Science from the University of Illinois at Urbana-Champaign.

Robert Bruno, Ph.D. is a Professor at the University of Illinois at Urbana-Champaign School of Labor and Employment Relations and is the Director of the Project for Middle Class Renewal. He earned a Doctor of Philosophy in Political Theory from New York University, a Master of Arts from Bowling Green State University, and a Bachelor of Arts from Ohio University.

Introduction

On June 24th of 2022, the U.S. Supreme Court voted 6-3 to overturn the landmark 1973 *Roe v. Wade* ruling that established a constitutional right to privacy that protected women's access to abortion services in most cases. In overturning *Roe*, the *Dobbs v. Jackson Women's Health Organization* case upended a five decadeslong precedent on women's reproductive healthcare rights.

In the early 1900s, abortion was illegal at all stages of pregnancy in every U.S. state, although some states allowed for medical exemptions to save the life or protect the health of the mother (Benson Gold, 2003). Despite criminalization, abortions still occurred. Women continued to seek out and undergo illegal abortions at great risk to their health and well-being (Benson Gold, 2003). By the late 1960s, due to increased awareness of high maternal mortality associated with unsafe abortions and calls for reform by both doctors and public health officials, the first repeals of abortion bans began in Alaska, California, Hawaii, New York, and Washington. Other states also started adding exceptions. This culminated in the 1973 *Roe v. Wade* decision by the U.S. Supreme Court that recognized the constitutional right to privacy and protected access to abortion services before fetal viability, or about 24 weeks' gestation (Lewkowitz & Ayala, 2022; Kitchener et al., 2022).

Variation of abortion access in the United States in the 1960s and 1970s provided "natural experiments" that allowed researchers to study the impacts of abortion bans and abortion legalizations (Levine et al., 1999). In one approach, women in the five states that had legalized abortion prior to *Roe v. Wade* could be considered the "treatment group" and their health outcomes could be compared to the rest of the country, the "control group." In a second way to study the impacts, women's health outcomes before abortion became legal nationally could be contrasted with those after *Roe v. Wade*. Studies which took advantage of these "natural experiments" have concluded that the legalization of abortion reduced birth rates by between 4 and 11 percent, reduced teen motherhood by 34 percent, and reduced maternal mortality—including by as much as 40 percent for Black women (Levine et al., 1999; Knowles Myers, 2017; Farin, Hoehn-Velasco, & Pesko, 2022). This is particularly important because Black women experience health complications more frequently during pregnancy and die from maternal causes at a rate that is almost triple the rate of white women (BCBS, 2021; Hoyert, 2022). Today, giving birth is now connected to more serious health problems for women than an abortion (ANSIRH, 2020). These include joint pain, gestational hypertension, life-threatening complications like eclampsia, and even deaths following delivery (Ralph et al., 2019).

Similar studies have been conducted on the relationship between reproductive healthcare rights and the economic outcomes of women (Meyer, Srinivasan, & Sabharwal, 2021). The most prominent study is referred to as the "Turnaway Study," which compared women who were able to obtain abortions just before the gestational age cut-off to those who were turned away because they were past the fetal viability threshold. The women who were turned away experienced immediate financial distress compared to those who were able to have abortions. Researchers observed a 78 percent increase in past-due debt and an 81 percent increase in public records related to bankruptcies and evictions in the turnaway group (Miller, Wherry, & Greene Foster, 2020). Years after being denied access to abortion services, women who were turned away had higher levels of household poverty, lower credit scores, and were more likely to be raising children alone

¹ Anti-abortion legislation was first introduced to the United States in the 1840s (Benson Gold, 2003). Prior to the 1840s, abortion was a common and stigma-free medical procedure that followed the stipulations of British common law. Abortion was legal up until "quickening"—a term used to describe the first time a mother feels the fetus kick, which can happen anywhere from 14 weeks to 26 weeks into pregnancy. Restrictions began with the creation of the American Medical Association (AMA), which was formed by a group of male doctors in 1847 to set regulations within the medical industry and to distinguish the male-dominated profession from female-

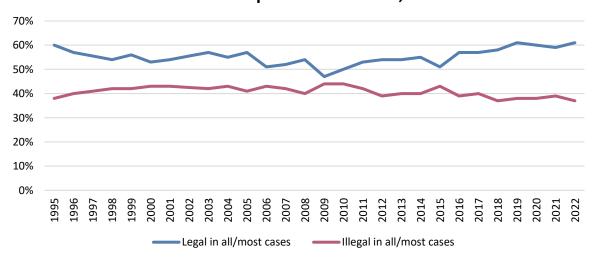
(ANSIRH, 2020). Additional research has documented how teen mothers were 16 percentage points less likely to complete 12th grade and were disadvantaged in the labor market in the three decades prior to *Roe v. Wade* (Lang & Weinstein, 2015). In fact, for young women who experience unintended pregnancies, access to abortion increases the chances that they earn college degrees by 18 percent and the chances they are employed by as much as 27 percent (Jones, 2021).

The fact that reproductive healthcare rights are linked with better economic outcomes for women may not be surprising. The impact of having children on women's economic prospects is so frequently documented in social science research that it has become known as the "motherhood penalty." Studies show that women experience relative earnings parity with men prior to parenthood but, as parents, mothers experience a one-third reduction in earnings relative to fathers (Kleven et al., 2019). This is primarily due to a "gender employment gap," as mothers drop out of the labor force to raise young children while men increase their work effort (Budig, 2014). In Illinois, the "gender employment gap" is 16 percentage points for parents with children younger than 6 years old and 8 percentage points for parents with children between the ages of 6 and 17 years old (Dickson et al., 2021). Mothers who temporarily leave their jobs to take care of their children are less able to keep up with changing technologies, systems, and procedures that occur during their time away and are less likely to be promoted (Anderson, Binder, & Krause, 2002; Aisenbrey, Evertsson, & Grunow, 2009). Mothers are also more likely to be described as "less committed" and have lower wages than their childless female counterparts (Correll, Benard, & Paik, 2007). These effects compound over time, leading to lower average earnings for mothers over the course of their careers.

Importantly, abortion legalization also has measurable impacts on the conditions in which children are born and raised. Abortion legalization reduces the number of children who live in poverty and who rely on government assistance programs, in part because half of all women who seek abortions (49 percent) have family incomes below the federal poverty line (Gruber, Levine, & Staiger, 1999; Meyer, Srinivasan, & Sabharwal, 2021). Researchers have also found that legal access to abortion services reduces cases of child neglect and abuse, decreases crime rates, and increases the likelihood of children graduating college (ANSIRH, 2020; Gruber, Levine, & Staiger, 1999; Donohue & Levitt, 2001; Ananat et al., 2009).

FIGURE 1: PUBLIC OPINION OF AMERICANS ON THE LEGALITY OF ABORTION, 1995-2022

American Public Opinon on Abortion, 1995-2022



Source(s): Authors' analysis of Pew Research compilation of American public opinion data from ABC News-Washington Post polls as well as a 2006 AP-Ipsos poll (Pew, 2022). Polling data was not available for 1997 and 2002, so those datapoints above are the smoothed trend (or blended average) of each of their previous years and following years.

This substantial body of research may contribute to consistently high public support for women's reproductive healthcare rights in the United States even as abortion rates have declined (Figure 1). Since 1995, majorities of Americans have supported legalized abortion. In 2022, 61 percent of Americans supported a woman's right to decide in all or most cases. Over about the same time period, abortion rates have fallen. Across the United States, there were 27 abortions per 1,000 women in 1988 and just 14 abortions per 1,000 women by 2017. Similarly, Illinois had 27 abortions per 1,000 women in 1988 and 15 abortions per 1,000 women by 2017 (Maddow-Zimet & Kost, 2021). This decline was due in part to greater access to contraception, the availability of medication abortion that can be self-administered and delivered by mail, and the Affordable Care Act, which expanded access to prescription birth control and longer-lasting contraceptives like intrauterine devices (IUDs) (Ossola, 2022). Despite strong public approval and evidence that abortion access has improved the economic and health outcomes of women as well as reduced childhood poverty, the *Dobbs* ruling resulted in immediate abortion bans in some U.S. states.

This report, conducted by researchers at the Illinois Economic Policy Institute (ILEPI) and the Project for Middle Class Renewal (PMCR) at the University of Illinois at Urbana-Champaign, examines the economic outcomes of women and children in Illinois compared to their counterparts in states where abortion is already banned or is likely to be banned. Note that this report makes no judgements about the morality of abortion, focusing only on the annual incomes, health insurance coverage rate, homeownership rate, working poverty rate, educational attainment outcomes, employment rate, weekly hours worked, and access to leadership roles for women as well as the health insurance coverage rate and poverty rate of children in Illinois relative to the states that have already banned or are likely to ban abortion. Given the well-established links between reproductive healthcare rights and these types of outcomes, any gaps that currently exist may only widen over time if Illinois protects reproductive healthcare rights and these other states do not.

How Illinois' Women and Children Fare Against the Ban or Likely-to-Ban States

This report compares Illinois to 20 states that have already banned or are likely to ban abortion (Figure 2). These include Alabama, Arkansas, Georgia, Idaho, Indiana, Iowa, Kentucky, Louisiana, Mississippi, Missouri, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, West Virginia, and Wyoming (Kitchener et al., 2022). As of October 2022, abortion was already prohibited in 13 of these states, but courts had temporarily blocked bans in Indiana, North Dakota, Ohio, South Carolina, Utah, and Wyoming (Kitchener et al., 2022). The Governor of Iowa had asked the state's Supreme Court to rehear a ruling that struck down a six-week abortion ban based on the then-precedent of *Roe v. Wade* (Pitt, 2022).² In most of these 20 states, medication abortion pills cannot be mailed and must be taken in-person (Guttmacher, 2022). All 20 states have also prohibited Medicaid coverage of abortions (although some have limited exceptions) and most of them have barred private health insurance from covering abortions (Guttmacher, 2022). By contrast, the State of Illinois has expanded access to abortion and ensures that both Medicaid funds and private health insurance plans cover reproductive healthcare (Guttmacher, 2022).

Before the *Dobbs v. Jackson Women's Health Organization* decision, which examined the constitutionality of a Mississippi law that banned nearly all abortions after 15 weeks of pregnancy, reproductive healthcare rights were significantly restricted in the ban or likely-to-ban states (Figure 2). Parental consent or notification was

_

² Note that other states could have been included in the "likely to ban abortion" category. As examples, Arizona, Florida, Michigan, and Wisconsin could have been included (Nash & Cross, 2021). However, whether or not abortions are legal, banned, or further restricted in these states could be determined by their gubernatorial races in November 2022 or by their state Supreme Courts. The data analysis for this report was conducted in early September 2022. The uncertain nature of these states at that time meant that those states were not included in the "likely to ban abortion" category.

required for minors seeking abortions in all 20 states and mandatory waiting periods were required in 19 of the 20 states (Planned Parenthood, 2020). In the year prior to *Dobbs*, 15 of the 20 states passed "abortion-restrictive" laws, ranging from health insurance coverage restrictions and bans on specific methods of abortion care to gestational bans after a certain week of pregnancy and trigger laws banning abortion in the event *Roe v. Wade* was overturned (Spitzer & Ellmann, 2021). Additionally, prior to *Dobbs*, the share of women ages 15 to 44 years old living in counties without an abortion clinic ranged from 43 percent (Texas) to 96 percent (Wyoming) in the states that have banned or are likely to ban abortion. The median for the ban or likely-to-ban states was 71 percent. In comparison, Illinois does not require parental involvement, does not have a mandatory waiting period, did not pass any abortion-restrictive laws in 2021, and had a much lower share of women residing in counties without an abortion clinic (37 percent).

FIGURE 2: PRE- AND POST-DOBBS ABORTION RESTRICTIONS IN ILLINOIS AND THE 20 BAN OR LIKELY-TO-BAN STATES

	Post- <i>Dobbs</i> Aborti	on Restrictions	Pre-Dobbs Abortion Restrictions			
State	State Had Abortion Ban on October 1, 2022	State Medicaid Funds Cover Abortion	Parental Involvement Laws 2021)	Mandatory Waiting Period (2020)	"Abortion- Restrictive" Law Passed in 2021	Women Ages 15- 44 in Counties Without a Clinic (2017)
Illinois	No	Yes	No	No	No	37%
Alabama	Yes	No	Yes	Yes	Yes	59%
Arkansas	Yes	No	Yes	Yes	Yes	77%
Georgia	Yes	No	Yes	Yes	No	55%
Iowa	TBD*	No	Yes	Yes	No	58%
Idaho	Yes	No	Yes	Yes	Yes	67%
Indiana	TBD	No	Yes	Yes	Yes	70%
Kentucky	Yes	No	Yes	Yes	Yes	82%
Louisiana	Yes	No	Yes	Yes	Yes	72%
Mississippi	Yes	No	Yes	Yes	No	91%
Missouri	Yes	No	Yes	Yes	No	78%
North Dakota	TBD	No	Yes	Yes	No	72%
Ohio	TBD	No	Yes	Yes	Yes	55%
Oklahoma	Yes	No	Yes	Yes	Yes	53%
South Carolina	TBD	No	Yes	Yes	Yes	71%
South Dakota	Yes	No	Yes	Yes	Yes	76%
Tennessee	Yes	No	Yes	Yes	Yes	63%
Texas	Yes	No	Yes	Yes	Yes	43%
Utah	TBD	No	Yes	Yes	Yes	63%
West Virginia	Yes	No	Yes	Yes	Yes	90%
Wyoming	TBD	No	Yes	No	Yes	96%
Ban or Likely-to-Ban	65% (+35% TBD)	0%	100%	95%	75%	Median: 71%

Note: TBD, or "to be determined," indicates states where courts have blocked bans from going into effect. *In lowa, the state Supreme Court blocked a six-week ban from going into effect prior to the *Dobbs* ruling; the Governor has asked the Court to reconsider. Source(s): Authors' analysis of 2020 "Abortion Access Maps" (Planned Parenthood, 2020), State Abortion Legislation in 2021: A Review of Positive and Negative Actions (Spitzer & Ellmann, 2021), "State Laws and Policies" (Guttmacher, 2022), the Guttmacher Institute's "Data Center" (Guttmacher, 2019), and "Abortion Ruling" information from *The Washington Post* (Kitchener et al., 2022).

Figure 3 shows economic and household characteristics of all women between the childbearing ages of 18 and 45 years old in Illinois compared to their equivalents in the states that have banned or are likely to ban

abortion over the five-year period from 2016 through 2020.³ The labor force participation rate of these women is 78 percent in Illinois, 4 percentage points higher than their counterparts in the ban or likely-to-ban states (5 percent higher). Their employment rate—sometimes called the employment-to-population ratio—is 73 percent. By contrast, under 70 percent of their peers in the ban or likely-to-ban states have at least one job, a difference of 3 percentage points (or 5 percent). Greater female labor force participation boosts the Illinois economy and contributes to lower poverty rates. Women in Illinois are also 17 percent less likely to live in a household that is below the federal poverty line and are 2 percent more likely to own their homes. Of the women between the ages of 18 and 45 years old who do own their homes, their home values were an average of 23 percent higher from 2016 through 2020 than their counterparts in the states that have banned or are likely to ban abortion (Figure 3).

There are minor familial differences between childbearing-age women in Illinois and their counterparts in the 20 states that have banned or are likely to ban abortion (Figure 3). Illinois women are less likely to be married but they are also less likely to be divorced or separated. Their average family size of just over three family members is statistically indistinguishable from that in the ban or likely-to-ban states. About half of all women in both Illinois (47 percent) and the 20 comparison states (52 percent) have at least one child under the age of 18 years old. Of those mothers who do have at least one child, the average number of children under 18 years old is two in both Illinois and the ban or likely-to-ban states (Figure 3).

FIGURE 3: SUMMARY STATISTICS OF ECONOMIC AND HOUSEHOLD OUTCOMES FOR WOMEN AGES 18-45. 2016-2020

2016-2020 American Community Survey Estimates for All Women Ages 18-45	Illinois	Ban or Likely- to-Ban States	Illinois Percentage Point Difference	Percent Difference (Or Odds Ratio)
Labor Force Participation Rate	77.9%	74.0%	+3.9%	+5.3%
Employment Rate	72.8%	69.4%	+3.4%	+4.9%
Unemployment Rate	6.6%	6.2%	+0.4%	+6.5%
Poverty Rate	17.0%	20.4%	-3.4%	-16.6%
Homeownership Rate	57.3%	56.3%	+1.0%	+1.8%
Average Home Value (of Owners)	\$277,400	\$225,079		+23.2%
Married	40.5%	43.4%	-2.9%	-6.7%
Divorced or Separated	7.8%	10.5%	-2.7%	-25.8%
Family Size	3.3	3.3		-0.6%
Has Children Under 18 Years Old	47.3%	51.6%	-4.3%	-8.4%
Number of Children (of those with Children)	2.0	2.1		-1.1%

Source(s): Authors' analysis of 2016-2020 American Community Survey data (Ruggles et al., 2022).

Working women are generally better off economically in Illinois than in the 20 states that have banned or are likely to ban abortion (Figure 4). Figure 4 focuses on *employed* women between the childbearing ages of 18 and 45 years old. The average working woman earns about \$42,700 per year in income from wages and salaries in Illinois after adjusting for inflation, 20 percent more than the average woman worker in the states that have banned or are likely to ban abortion (\$35,700). The difference in inflation-adjusted incomes is larger when looking at full-time women workers. Full-time working women in Illinois earn \$55,100 per year on average, which is 22 percent more than women in the 20 ban or likely-to-ban states (\$45,400 per year). The cost of living is about 7 percent higher in Illinois than in the ban or likely-to-ban states, according to the Bureau of Economic Analysis (BEA) at the U.S. Department of Commerce (BEA, 2022). However, even after accounting for cost of living, women workers in Illinois earn 13 to 15 percent more annually than their counterparts in the states that have banned or are likely to ban abortion.

³ In 2020, 95 percent of all births in Illinois were to mothers between the ages of 18 years old and 40 years old (IDPH, 2022).

Illinois' women are also more likely to have health insurance and own their homes and less likely to be in poverty (Figure 4). This is important because abortion bans that force women to have unwanted pregnancies have been documented to cause financial instability, especially for women without health insurance (ANSIRH, 2020; Sinrich, 2020). In Illinois, employed women boast a 6 percent higher rate of health insurance coverage and a 2 percent higher rate of homeownership, and their homes are valued 21 percent higher on average than their counterparts in states that have banned or are likely to ban abortion. Unsurprisingly, greater financial security directly impacts poverty rates: Women workers are 19 percent less likely to fall below the federal poverty line in Illinois than in the ban or likely-to-ban states.

Similar to the family characteristics of all childbearing-age women, working women in Illinois have comparable family sizes as their peers in states that have banned or are likely to ban abortion (Figure 4). The average family size is slightly more than three members in both Illinois and the 20-state comparison group. While employed women in Illinois are somewhat less likely to have children under the age of 18 years old, those that do have about two children in both Illinois and the ban or likely-to-ban states.

FIGURE 4: SUMMARY STATISTICS OF IMPORTANT OUTCOMES FOR EMPLOYED WOMEN AGES 18-45, 2016-2020

FIGURE 4: SUMMARY STATISTICS OF IMPORTANT OUTCOMES FOR EMPLOYED WOMEN AGES 18-45, 2016-2020					
2016-2020 American Community Survey	Illinois	Ban or Likely-	Illinois Percentage	Percent Difference	
Estimates for Employed Women Ages 18-45	IIIIIIOIS	to-Ban States	Point Difference	(Or Odds Ratio)	
Inflation-Adjusted (Real) Annual Income	\$42,724	\$35,704		+19.7%	
Real Annual Income of Full-Time Workers	\$55,148	\$45,381		+21.5%	
Workers with Health Insurance Coverage	92.3%	86.8%	+5.5%	+6.3%	
Poverty Rate	10.0%	12.4%	-2.4%	-19.1%	
Homeownership Rate	59.3%	58.1%	+1.1%	+1.9%	
Average Home Value (of Owners)	\$272,846	\$226,062		+20.7%	
Cost of Living Index					
Regional Price Parities (BEA)	100.2%	93.9%	+6.3%	+6.8%	
Family Characteristics					
Family Size	3.2	3.2		-0.1%	
Has Children Under 18	46.7%	51.2%	-4.5%	-8.9%	
Number of Children (of those with Children)	2.0	2.0		-0.5%	
Educational Attainment					
Less than a High School Degree	5.1%	6.0%	-0.9%	-14.3%	
High School Degree or Equivalent	17.5%	21.7%	-4.2%	-19.2%	
Some College, No Degree	23.3%	26.4%	-3.0%	-11.5%	
Associate Degree	9.6%	10.6%	-1.0%	-9.6%	
Bachelor's Degree	28.1%	23.5%	+4.6%	+19.8%	
Master's Degree	12.5%	9.1%	+3.4%	+37.4%	
Professional or Doctorate Degree	3.8%	2.8%	+1.0%	+35.9%	
No College Degree	46.0%	54.0%	-8.0%	-14.9%	
Bachelor's or Higher	44.5%	35.4%	+9.1%	+25.6%	

Source(s): Authors' analysis of 2016-2020 American Community Survey data (Ruggles et al., 2022) and 2016-2020 Regional Price Parities from "GDP & Personal Income" data from the Bureau of Economic Analysis at the U.S. Department of Commerce (BEA, 2022).

While family characteristics are generally comparable, employed women in Illinois have significantly higher levels of educational attainment (Figure 4). Employed women in Illinois are 26 percent more likely to have bachelor's degrees or higher. Specifically, they are 20 percent more likely to hold bachelor's degrees, 37

percent more likely to have earned master's degrees, and 36 percent more likely to have professional or doctorate degrees than women working in states that have banned or are likely to ban abortion.

Many factors impact working women's earnings, health insurance coverage, homeownership rates, poverty rates, and other labor market outcomes. For example, workers with bachelor's degrees tend to earn higher incomes than their counterparts with only high school diplomas. Age, racial and ethnic background, citizenship status, military veteran status, marital status, urban status, occupation, industry, sector of employment, and average hours worked per week can also affect a worker's salary or wage. This report uses "regressions" to parse out the actual and unique impact that living in Illinois—relative to living in the 20 states that have banned or are likely to ban abortion—has on economic and social outcomes for working women between the ages of 18 and 45 years old. An advanced but common technique, regressions describe "how much" a variable is responsible for a change in the outcome, after accounting for other observable factors.

Annual Incomes of Women Workers

Women workers earn higher incomes in Illinois (Figure 5). Women working full-time earn \$9,800 more (or 22 percent more) in Illinois than they do in states that have banned or are likely to ban abortion. Furthermore, compared to these ban or likely-to-ban states, Illinois' employed women have higher average incomes for every racial and ethnic background, for every level of educational attainment, and regardless of whether they have children under 18 years old. White women earn \$11,400 more per year (24 percent more), Asian and Pacific Islander women earn \$14,200 more (22 percent more), Black women earn \$5,000 more (13 percent more), and Latina women earn \$3,300 more (9 percent more). Women without college degrees earn \$2,800 more in annual incomes (9 percent more), women with bachelor's degrees earn \$9,200 more (17 percent more), and women with graduate degrees earn \$10,600 more (14 percent more). Finally, both women with children and women without children do better in Illinois. Women with children earn \$10,600 more per year (22 percent more) and women without children earn \$9,600 more per year (23 percent more) in Illinois than their counterparts in states that have banned or are likely to ban abortion. Notably, in every case, the income advantage in Illinois exceeds the state's relatively higher cost of living (7 percent).

After accounting for all observable factors, women workers earn 8 percent more in Illinois than in the 20 states that have banned or are likely to ban abortion (Figure 6). These findings take into account whether a worker lives in an urban area or rural area, which is strongly associated with the local cost of living. The results are significant at the 99-percent level of statistical confidence. Higher incomes in Illinois can make the difference between whether or not a mother can afford health insurance, childcare, and basic needs for the overall wellbeing of their child or children.

Health Insurance Coverage for Women Workers

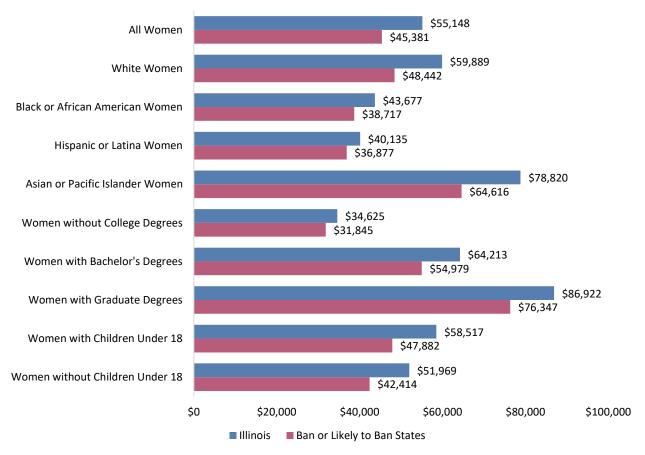
An essential component to health and financial wellbeing is access to health insurance plans. Health insurance can drastically reduce the out-of-pocket cost of childbirth and hospital stays while improving maternal health (Solomon, 2021). Forced birth can impose large financial burdens on women who do not have health insurance, particularly for low-income women (Sinrich, 2020). It is also worth noting that only 12 of the 20 ban or likely-to-ban states (60 percent) have implemented an expansion of Medicaid (KFF, 2022).

More women have health insurance coverage in Illinois (Figure 7). Fully 92 percent of employed women in Illinois have health insurance compared to only 87 percent of women in states that have banned or are likely to ban abortion, a difference of 5 percentage points (6 percent). In Illinois, 95 percent of white women, 92 percent of Black women, 82 percent of Latina women, and 94 percent of Asian and Pacific Islander women who are employed have health insurance. Health insurance coverage rates in Illinois are 4 percentage points

(5 percent) higher for white women, 1 percentage point (1 percent) higher for Black women, 12 percentage points (16 percent) higher for Latina women, and 3 percentage points (3 percent) higher for Asian or Pacific Islander women.

FIGURE 5: INFLATION-ADJUSTED ANNUAL INCOMES FOR FULL-TIME WOMEN WORKERS AGES 18-45, 2016-2020





Source(s): Authors' analysis of 2016-2020 American Community Survey data (Ruggles et al., 2022).

FIGURE 6: THE IMPACT OF LIVING IN ILLINOIS ON THE ANNUAL INCOMES OF WOMEN WORKERS, 2016-2020

Income Effects for Women Workers Ages 18-45: Illinois vs. Ban or Likely-to-Ban States	Inflation-Adjusted Annual Incomes
Natural Logarithm Impact of Living in Illinois: Income [A]	+0.0804***
Percent Effect [e ^A -1]	+8.4%

Source(s): Authors' analysis of 2016-2020 American Community Survey data (Ruggles et al., 2022). *** $p \le |0.01|$; ** $p \le |0.05|$; * $p \le |0.10|$; *not statistically significant. Regression outputs are converted to percent changes using correct adjustments to interpret natural logarithms (Kennedy, 1981; IDRE, 2021). For full regression results, see this .txt file.

The gap in health insurance coverage of employed women is especially noticeable for those without college degrees (Figure 7). In Illinois, 88 percent of working women without college degrees are covered by health insurance plans, whereas only 81 percent on non-college-educated working women have health insurance in the states that have banned or are likely to ban abortion. Illinois women without college degrees are thus 7 percentage points (9 percent) more likely to have health insurance. Similarly, women who have earned

bachelor's degrees or higher are 2 percentage points (2 percent) more likely to have health insurance (97 percent) in Illinois than their counterparts in the ban or likely-to-ban states (95 percent).

Perhaps most significantly, 92 percent of working mothers who have children under the age of 18 years old in Illinois have health insurance, a rate of coverage that is 5 percentage points (6 percent) higher than their peers in the ban or likely-to-ban states (87 percent). Women without children under the age of 18 years old are 6 percentage points (7 percent) more likely to have health insurance in Illinois (92 percent) than women in states that have banned or are likely to ban abortion (86 percent) (Figure 7).

FIGURE 7: HEALTH INSURANCE COVERAGE RATES FOR EMPLOYED WOMEN AGES 18-45, 2016-2020

Health Insurance Coverage of Employed Women, Ages 18-45

96.9%95.3% 95.3% 91.0% 91.9%91.0% 93.6%90.7% 92.4% 92.1% 100% 92.3% 87.5% 86.8% 86.1% 82.2% 80.6% 70.6% 75% 50% 25% 0% No College ΑII White Bachelor's With Children No Children Black or Hispanic or Asian or African Latina Pacific Degrees Degrees or Under 18 Under 18 American Islander More ■ Illinois ■ Ban or Likely to Ban States

Source(s): Authors' analysis of 2016-2020 American Community Survey data (Ruggles et al., 2022).

An advanced statistical technique reveals that women workers are 7 percent more likely to have health insurance coverage in Illinois than in the 20 states that have banned or are likely to ban abortion (Figure 8).⁴ This finding accounts for age, racial or ethnic background, marital status, urban status, level of educational attainment, hours worked per week, sector of employment, occupation, industry, and other factors. The results are significant at the 99-percent level of confidence.

FIGURE 8: THE IMPACT OF LIVING IN ILLINOIS ON THE HEALTH INSURANCE COVERAGE OF WOMEN WORKERS, 2016-2020

Health Insurance Coverage Effects for Women Workers Ages 18-45: Illinois vs. Ban or Likely-to-Ban States	Covered by Health Insurance Plan
Probit Impact of Living in Illinois: Health Insurance Coverage [A]	+0.0582***
Constant Term: Baseline Probability in Sample [B]	0.8737***
Percent Effect [A ÷ B]	+6.7%

Source(s): Authors' analysis of 2016-2020 American Community Survey data (Ruggles et al., 2022). ***p≤|0.01|; **p≤|0.05|; *p≤|0.10|; *not statistically significant. For full regression results, see this .txt file.

⁴ The effect of living in Illinois (5.8 percentage points) divided by the overall chance of having health insurance (87.4 percentage points) for all 668,209 working women between the ages of 18 and 45 years old in the sample equals 6.7 percent. Results are adjusted to match the overall population using weights provided by the U.S. Census Bureau.

Health Insurance Coverage for Children

Not only do working women have higher rates of health insurance coverage, but children also have higher health insurance coverage rates in Illinois than in the states that have banned or are likely to ban abortion (Figure 9). In Illinois, 97 percent of all children between the infant stage through age 17 have health insurance coverage and only 3 percent are not covered. By contrast, in the 20 ban or likely-to-ban states, 93 percent of children are covered and 7 percent are uninsured. Accordingly, the health insurance coverage rate of children is 4 percentage points (4 percent) higher in Illinois. The share of children in the ban or likely-to-ban states who are uninsured is more than double the equivalent share in Illinois.

Furthermore, health insurance coverage of children is greater across every major racial or ethnic background group in Illinois (Figure 9). About 96 percent or 97 percent of children have health insurance coverage in Illinois regardless of race or ethnicity. In comparison, in the states that have banned or are likely to ban abortion, health insurance coverage for children is 95 percent for white children, 95 percent for Black children, 87 percent for Hispanic children, and 94 percent for Asian or Pacific Islander children. Health insurance coverage rates are 2 percent higher for white children, 1 percent higher for Black children, 10 percent higher for Hispanic children, and 3 percent higher for Asian or Pacific Islander children in Illinois.

Health Insurance Coverage of Children, Ages 0-17 97.5% 95.2% 96.9% 93.3% 96.5% 95.3% 93.9% 100% 86.9% 75% 50% 25% 0% All Children White Children Black Children Hispanic Children Asian Children ■ Ban or Likely to Ban States Illinois

FIGURE 9: HEALTH INSURANCE COVERAGE RATES FOR CHILDREN AGES 0-17, 2016-2020

Source(s): Authors' analysis of 2016-2020 American Community Survey data (Ruggles et al., 2022).

FIGURE 10: THE IMPACT OF LIVING IN ILLINOIS ON THE HEALTH INSURANCE COVERAGE OF CHILDREN, 2016-2020

Covered by Health
Insurance Plan
+0.0433***
0.9368***
+4.6%

Source(s): Authors' analysis of 2016-2020 American Community Survey data (Ruggles et al., 2022). *** $p \le |0.01|$; ** $p \le |0.05|$; * $p \le |0.10|$; *not statistically significant. For full regression results, see this .txt file.

After accounting for all observable factors, children are 5 percent more likely to be covered by health insurance plans in Illinois than in the 20 states that have banned or are likely to ban abortion (Figure 10).⁵

_

⁵ The effect of living in Illinois (4.3 percentage points) divided by the overall chance of having health insurance (93.7 percentage points) for all 1,233,420 persons under 18 years old in the sample equals 4.6 percent. Results are adjusted to match the overall population using weights provided by the U.S. Census Bureau.

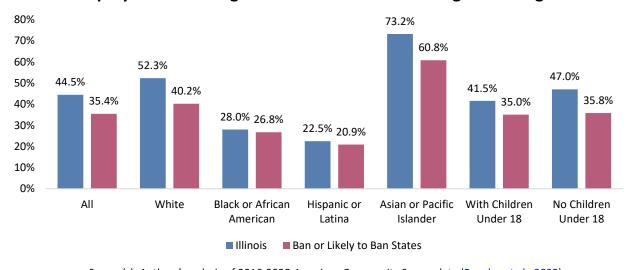
These findings account for racial or ethnic background, gender, citizenship status, and urban status and are significant at the 99-percent level of statistical confidence. Women in Illinois have the ability to decide whether and when to grow their families and, if they do, their children are much more likely to be covered by health insurance plans.

Women Workers with Bachelor's Degrees

The right to reproductive healthcare can enable young women to pursue higher education and consequently increase their earnings potential. Access to abortion increases the chances that women who experience unintended pregnancies graduate from college by 18 percent (Jones, 2021). Furthermore, these same women are 40 percent more likely to enter professional occupations due to their access to abortion (Jones, 2021).

Women workers in Illinois are better educated than those in states that have banned or are likely to ban abortion (Figure 11). In Illinois, 44 percent of employed women between the ages of 18 and 45 years old have bachelor's degrees or advanced graduate degrees. Employed women in Illinois are 9 percentage points (26 percent) more likely to have bachelor's degrees or higher than their counterparts in the ban or likely-to-ban states. In fact, employed white women are 12 percentage points (30 percent) more likely to have bachelor's degrees, Black women are 1 percentage point (5 percent) more likely, Latina women are 2 percentage points (8 percent) more likely, and Asian or Pacific Islander women are 12 percentage points (20 percent) more likely in Illinois. Fully 47 percent of working women without children have bachelor's degrees in Illinois, 11 percentage points (31 percent) more than their counterparts in states that have banned or are likely to ban abortion (36 percent). Amongst working mothers with children in Illinois, 42 percent have bachelor's degrees, 7 percentage points (19 percent) higher than those in the ban or likely-to-ban states.

FIGURE 11: SHARE OF EMPLOYED WOMEN AGES 18-45 WITH BACHELOR'S DEGREES OR HIGHER, 2016-2020 Employed Women Ages 18-45 with Bachelor's Degrees or Higher



Source(s): Authors' analysis of 2016-2020 American Community Survey data (Ruggles et al., 2022).

After accounting for other observable factors, women workers are nearly 6 percentage points more likely to have earned at least a bachelor's degree in Illinois (Figure 12). The data reveal that the overall likelihood of employed women having this level of educational attainment—independent of other important factors like age and racial or ethnic background—is 36 percent. Against this baseline probability, Illinois' women are 16 percent more likely to have earned bachelor's, master's, professional, or doctorate degrees. The result is significant at the 99-percent level of statistical confidence. On average, Illinois' women are better educated

than women in the states that ban or will likely ban abortion, which can improve upward economic mobility, result in higher wages and salaries, and reduce the poverty rate (Ratcliffe, 2015).

FIGURE 12: THE IMPACT OF LIVING IN ILLINOIS ON EDUCATIONAL ATTAINMENT OF WOMEN WORKERS, 2016-2020

Educational Attainment Effects for Women Workers Ages 18-45: Illinois vs. Ban or Likely-to-Ban States	Having a Bachelor's or Advanced Degree
Probit Impact of Living in Illinois: Bachelor's Degree or Higher [A]	+0.0569***
Constant Term: Baseline Probability in Sample [B]	0.3631***
Percent Effect [A ÷ B]	+15.7%

Source(s): Authors' analysis of 2016-2020 American Community Survey data (Ruggles et al., 2022). ***p≤|0.01|; **p≤|0.05|; *p≤|0.10|; *not statistically significant. For full regression results, see this .txt file.

Women Workers in Poverty

Not only does Illinois deliver higher incomes, better health insurance coverage rates, and higher levels of educational attainment for women, it also boasts fewer working women below the federal poverty line (Figure 13). Only 10 percent of employed women in Illinois fall below the federal poverty line compared to 12 percent of women in states that have banned or are likely to ban abortion, a difference of 2 percentage points. Dividing Illinois' poverty rate by the ban or likely-to-ban states' poverty rate shows that Illinois has 19 percent fewer working women in poverty. Poverty rates are between 0 and 5 percentage points lower for women in Illinois than those in states that have banned or are likely to ban abortion for every racial and ethnic group, education level, and parental status. In odds ratio terms, white women are 19 percent less likely to be in poverty, Latina women are 32 percent less likely, Asian women are 12 percent less likely, mothers with children are 14 percent less likely, women without children are 24 percent less likely, and women without college degrees are 11 percent less likely. The probabilities of working at poverty-level incomes are each less than 1 percentage point lower in Illinois for Black women and women with bachelor's degrees, but both are still below their respective shares in the ban or likely-to-ban states. As odds ratios, Black women in Illinois are 1 percent less likely to be in poverty and women with bachelor's degrees are 9 percent less likely.

FIGURE 13: POVERTY RATES FOR EMPLOYED WOMEN AGES 18-45, 2016-2020

Poverty Rates of Employed Women, Ages 18-45 18.8% 20% 17.9%18.1% 16.6% 15.0% 15% 13.0% 12.4% 11.8% 10.3% 10.2% 10.0% 10.1% 10.0% 9.0% 10% 8.2% 8.0% 3.5% 3.9% 5% 0% ΑII White No College With No Children Black or Hispanic or Asian or Bachelor's African Latina Pacific Children Under 18 Degrees Degrees or American Islander Under 18 More Illinois ■ Ban or Likely to Ban States

Source(s): Authors' analysis of 2016-2020 American Community Survey data (Ruggles et al., 2022).

After accounting for other observable factors, women workers are 11 percent less likely to be in poverty in Illinois (Figure 14). This is the impact of living in Illinois relative to the 20 ban or likely-to-ban states (a decrease of over 1 percentage point) divided by the baseline probability of employed women being below the poverty line (12 percent). The result is significant at the 99-percent level of statistical confidence. This difference may only widen over time, as research shows that women who are denied abortions for unwanted pregnancies have lower credit scores, less financial security, and higher poverty rates (ANSIRH, 2020).

FIGURE 14: THE IMPACT OF LIVING IN ILLINOIS ON THE POVERTY RATE OF WOMEN WORKERS, 2016-2020

Poverty Effects for Women Workers Ages 18-45: Illinois vs. Ban or Likely-to-Ban States	Below the Federal Poverty Line
Probit Impact of Living in Illinois: Being in Poverty [A]	-0.0125***
Constant Term: Baseline Probability in Sample [B]	0.1214***
Percent Effect [A ÷ B]	-10.5%

Source(s): Authors' analysis of 2016-2020 American Community Survey data (Ruggles et al., 2022). ***p≤|0.01|; **p≤|0.05|; *p≤|0.10|; *not statistically significant. For full regression results, see this .txt file.

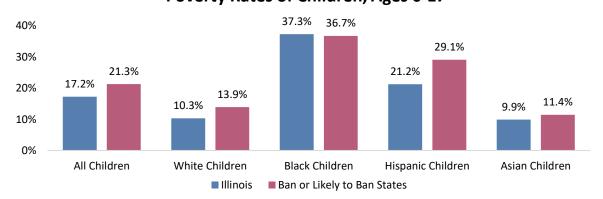
Childhood Poverty

Economic research shows that the educational attainment and incomes of parents are linked with the future employment success of children (Ratcliffe, 2015). Children who spend a majority of their childhood living in poverty are less likely to complete high school, more likely to experience teen pregnancy, and less likely to be employed as adults. Similarly, children whose parents have more than a high school degree are five times more likely to complete college (Ratcliffe, 2015).

More than one-in-five children between the ages of 0 and 17 years old live in poverty in the states that have banned or are likely to ban abortion (21 percent). By contrast, children in Illinois have a poverty rate that is 4 percentage points lower, at 17 percent (Figure 15). In odds ratio terms, Illinois' children are 19 percent less likely to be in poverty. When disaggregating childhood poverty by racial or ethnic background, there are clear disparities. White children are 3 percentage points (26 percent) less likely to experience childhood poverty, Hispanic children are 8 percentage points (27 percent) less likely, and Asian children are 2 percentage points (13 percent) less likely. Black children are less than 1 percentage point (2 percent) more likely to be in poverty in Illinois than their counterparts in the ban or likely-to-ban states. While the rate of childhood poverty is alarmingly high across-the-board, the Black childhood poverty rate in Illinois is over three times the white childhood poverty rate in Illinois.

FIGURE 15: POVERTY RATES FOR CHILDREN AGES 0-17, 2016-2020

Poverty Rates of Children, Ages 0-17



Source(s): Authors' analysis of 2016-2020 American Community Survey data (Ruggles et al., 2022).

After accounting for other observable factors, including racial or ethnic background, children are 13 percent less likely to experience childhood poverty in Illinois than in the 20 states that have banned or are likely to ban abortion (Figure 16). That is because living in Illinois is associated with a 3 percentage-point decrease in poverty relative to a 21 percent overall chance of a child under the age of 18 years old falling below the poverty line. These findings also account for gender, citizenship status, and urban status and are significant at the 99-percent level of statistical confidence. While eliminating reproductive rights may exacerbate the problem of childhood poverty in the 20 ban or likely-to-ban states, the data also demonstrate the need to expand social programs in Illinois that statistically reduce childhood poverty—particularly for Black children (Ananat et al., 2009).

FIGURE 16: THE IMPACT OF LIVING IN ILLINOIS ON THE POVERTY RATE OF CHILDREN, 2016-2020

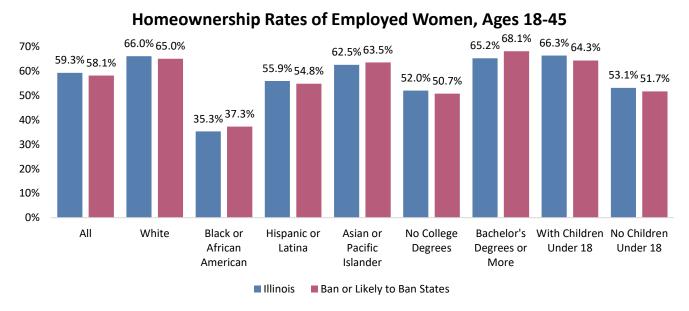
Poverty Effects for Children Ages 0-17:	Below the Federal
Illinois vs. Ban or Likely-to-Ban States	Poverty Line
Probit Impact of Living in Illinois: Being in Poverty [A]	-0.0277***
Constant Term: Baseline Probability in Sample [B]	0.2090***
Percent Effect [A ÷ B]	-13.3%

Source(s): Authors' analysis of 2016-2020 American Community Survey data (Ruggles et al., 2022). ***p≤|0.01|; **p≤|0.05|; *p≤|0.10|; *not statistically significant. For full regression results, see this .txt file.

Homeownership Rate of Women Workers

Owning a home has long been a central tenet of the American Dream. Homeownership is an integral part of the middle-class lifestyle, with homeowners increasing their wealth through appreciation in home prices and by accumulating equity with each mortgage payment (Herbert et al., 2013; Schuetz, 2019). Homeownership can be an essential component of childhood success, with research demonstrating a negative relationship between children who move multiple times and their level of academic achievement (Ratcliffe, 2015).

FIGURE 17: HOMEOWNERSHIP RATES FOR EMPLOYED WOMEN AGES 18-45, 2016-2020



Source(s): Authors' analysis of 2016-2020 American Community Survey data (Ruggles et al., 2022).

In addition to higher incomes, higher rates of health insurance for women and children, and lower rates of poverty for women and children, Illinois also generally has higher homeownership rates (Figure 17). In total,

59 percent of employed women between the childbearing ages of 18 and 45 years old own their homes in Illinois, 1 percentage point higher than their homeownership rate (58 percent) in the states that have banned or are likely to ban abortion. Dividing the rates of homeownership reveals that Illinois' women are 2 percent more likely to own their homes. Mothers who have at least one child under the age of 18 years old have homeownership rates of 66 percent in Illinois and 64 percent in the ban or likely-to-ban states. Women without children have homeownership rates of 53 percent in Illinois and 52 percent in the ban or likely-to-ban states.

However, unlike previous economic outcomes, homeownership levels are more mixed by racial or ethnic background and by level of educational attainment (Figure 17). For example, Illinois' homeownership rate is 1 percentage point (2 percent) higher for both white women and Latina women, but is 2 percentage points (5 percent) lower for Black women. It is also 1 percentage point higher for employed women without college degrees (2 percent) but 3 percentage points (4 percent) lower for employed women with bachelor's degrees or advanced graduate degrees. Across all categories, Illinois women and women in states that have banned or are likely to ban abortion are within 3 percentage points of each other. After accounting for important factors like racial and ethnic background and whether an employed woman lives in an urban area, there is suggestive evidence that homeownership rates are higher in Illinois, but the results are not statistically significant (Figure 18). Nevertheless, given the link between abortion restrictions and increases in debt levels and evictions, homeownership rates in the ban or likely-to-ban states may fall over time, especially in comparison with their counterparts in Illinois (Miller, Wherry, & Greene Foster, 2020).

FIGURE 18: THE IMPACT OF LIVING IN ILLINOIS ON THE HOMEOWNERSHIP RATE OF WOMEN WORKERS, 2016-2020

Homeownership Effects for Women Workers Ages 18-45: Illinois vs. Ban or Likely-to-Ban States	Owns Home
Probit Impact of Living in Illinois: Owns Home [A]	+0.0022 ^x
Constant Term: Baseline Probability in Sample [B]	0.5835***
Percent Effect [A ÷ B]	+0.4%×

Source(s): Authors' analysis of 2016-2020 American Community Survey data (Ruggles et al., 2022). ***p≤|0.01|; **p≤|0.05|; *p≤|0.10|; *not statistically significant. For full regression results, see this .txt file.

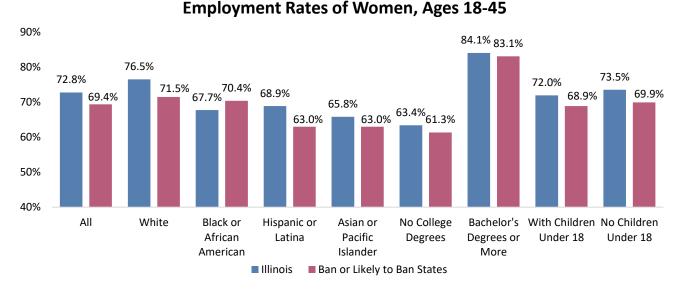
Employment Rate of Women

While the unemployment rate is a widely cited indicator, it only includes people who are actively looking for work and does not include discouraged workers who have given up searching for jobs altogether. The employment rate—or the employment-to-population ratio—is potentially a better metric because it is the actual share of the population that has at least one job. In Illinois, 73 percent of all women between the ages of 18 and 45 years old are employed. In comparison, the employment rate is just 69 percent for women in states that ban or are likely to ban abortion—4 percentage points below Illinois (Figure 19).

Employment rates are higher for almost all demographic groups and levels of educational attainment in Illinois (Figure 19). Employment rates are 5 percentage points (7 percent) higher for white women, 6 percentage points (9 percent) higher for Latina women, and 3 percentage points (4 percent) higher for Asian or Pacific Islander women. Black women are the only exception, being 3 percentage points (4 percent) less likely to have jobs in Illinois. Additionally, while only 63 percent of Illinois women without college degrees are employed, this share is still 2 percentage points (3 percent) higher than the employment rate for women in the states that have banned or will likely ban abortion (61 percent). Women with bachelor's degrees or higher are the group who are most likely to be employed. Fully 84 percent of women in Illinois with bachelor's degrees are employed compared to 83 percent of women in the states that have banned or will likely ban abortion, a difference of 1 percentage point (1 percent). Finally, regardless of whether they have children,

women in Illinois are more likely to be employed than women in the ban or likely-to-ban states. Women in Illinois with children under the age of 18 years old are 3 percentage points (4 percent) more likely to be employed and women in Illinois without children are 4 percentage points (5 percent) more likely to be employed.

FIGURE 19: EMPLOYMENT RATES (EMPLOYMENT-TO-POPULATION RATIOS) FOR WOMEN AGES 18-45, 2016-2020



Source(s): Authors' analysis of 2016-2020 American Community Survey data (Ruggles et al., 2022).

After accounting for racial or ethnic background, gender identification, citizenship status, marital status, military veteran status, urban status, and educational attainment, the probability that any given childbearingage woman is employed is a little more than 1 percentage point higher in Illinois than the 20 states that have banned or are likely to ban abortion (Figure 20). Measured against the baseline likelihood of 70 percent, Illinois women are 2 percent more likely to be employed. This result is statistically significant at the 99-percent level of confidence. Illinois has a higher share of women with jobs.

FIGURE 20: THE IMPACT OF LIVING IN ILLINOIS ON THE EMPLOYMENT RATE OF ALL WOMEN. 2016-2020

Poverty Effects for Women Workers Ages 18-45: Illinois vs. Ban or Likely-to-Ban States	Employed in One or More Jobs
Probit Impact of Living in Illinois: Having at Least One Job [A]	+0.0136***
Constant Term: Baseline Probability in Sample [B]	0.6977***
Percent Effect [A ÷ B]	+1.9%

Source(s): Authors' analysis of 2016-2020 American Community Survey data (Ruggles et al., 2022). ***p≤|0.01|; **p≤|0.05|; *p≤|0.10|; *not statistically significant. For full regression results, see this .txt file.

Weekly Hours Worked by Women

Conversely, employed women work slightly fewer hours per week than their counterparts in states that have banned or are likely to ban abortion (Figure 21). On average, Illinois' women work about 37 hours per week on average, about the same as their counterparts in the ban or likely-to-ban states (37 hours per week). Hours worked are marginally higher for white women, women with bachelor's degrees or more, and women without children in Illinois. They are marginally lower for Black women, Latina women, Asian and Pacific Islander women, women without college degrees, and women with children between the infant stage and

17 years old in Illinois. After taking other variables into account, Illinois women work 2 percent fewer hours per week, an effect which is significant at the 99-percent level of statistical confidence (Figure 22). Compared to ban or likely-to-ban states, Illinois has 2 percent higher employment among women, but those workers are employed for 2 percent fewer hours. Nevertheless, Illinois workers earn 8 percent higher incomes while working 2 percent fewer hours, meaning that they have both more money to spend back in the economy and more leisure time off to spend with their children or to otherwise enjoy the fruits of their labor.

FIGURE 21: AVERAGE USUAL HOURS WORKED PER WEEK FOR EMPLOYED WOMEN AGES 18-45, 2016-2020

Hours Worked Per Week for Employed Women, Ages 18-45 35.9 37.5 37.1 37.6 36.0 37.5 37.0 37.2 40 36.6 36.8 36.9 36.7 36.1 36.0 33.9 35.1 30 20 10 0 ΑII White Black or Hispanic or Asian or No College Bachelor's With No Children African Latina **Pacific** Children Under 18 Degrees Degrees or American Islander Under 18 More

Source(s): Authors' analysis of 2016-2020 American Community Survey data (Ruggles et al., 2022).

■ Ban or Likely to Ban States

Illinois

FIGURE 22: THE IMPACT OF LIVING IN ILLINOIS ON THE HOURS WORKED OF WOMEN WORKERS, 2016-2020

Hours Worked Effects for Women Workers Ages 18-45: Illinois vs. Ban or Likely-to-Ban States	Usual Weekly Hours Worked
Natural Logarithm Impact of Living in Illinois: Hours Worked Per Week [A]	-0.0206***
Percent Effect [e ^A -1]	-2.0%

Source(s): Authors' analysis of 2016-2020 American Community Survey data (Ruggles et al., 2022). *** $p \le |0.01|$; ** $p \le |0.05|$; * $p \le |0.10|$; *not statistically significant. Regression outputs are converted to percent changes using correct adjustments to interpret natural logarithms (Kennedy, 1981; IDRE, 2021). For full regression results, see this .txt file.

Women in Leadership Positions

In addition to superior economic and social outcomes enjoyed by women in Illinois, they also are more likely to be chief executive officers (CEOs) of private and nonprofit organizations and have greater representation in the General Assembly. In Illinois, 29 percent of CEOs of private and nonprofit organizations are women compared to less than 26 percent of women in the states that have banned or are likely to ban abortion, a difference of more than 3 percentage points. Put differently, Illinois has 14 percent more women CEOs per 100 CEOs than the ban or likely-to-ban states (Figure 23). A recent report from the University of Illinois at Urbana-Champaign also found that women comprise 21 percent of the average corporate board membership of Illinois-based corporations (Benton & Mun, 2021).

FIGURE 23: WOMEN EMPLOYED AS CEOS IN PRIVATE FOR-PROFIT AND NOT-FOR-PROFIT ORGANIZATIONS, 2016-2020

CEOs of Private and Nonprofit Organizations	Illinois	Ban or Likely- to-Ban States	Illinois Percentage Point Difference	Percent Difference (Odds Ratio)
Women Share	29.4%	25.9%	+3.5%	+13.6%

Source(s): Authors' analysis of 2016-2020 American Community Survey data (Ruggles et al., 2022).

Additionally, prior to the midterm elections in November 2022, nearly 41 percent of state legislators in Illinois were women (Figure 24). This is 17 percentage points higher than the share of women state legislators in places that have banned or are likely to ban abortion (23 percent). As an odds ratio, women account for 74 percent more seats in Illinois' General Assembly than in the legislatures of the ban or likely-to-ban states. Georgia (34 percent) is the only ban or likely-to-ban state where more than one-in-three state lawmakers is a woman. Moreover, in Alabama, Louisiana, Mississippi, South Carolina, Tennessee, West Virginia, and Wyoming, women comprise fewer than one-in-five state legislators (Figure 24). While working moms are more than capable of holding CEO positions or serving in state legislatures, research has shown that mothers are more likely to be viewed as "less competent" and "less committed" than their childless female counterparts—which may only be exacerbated in the states where reproductive rights are taken away and women are forced to give birth (Correll, Benard, & Paik, 2007).

FIGURE 24: WOMEN REPRESENTATION IN STATE LEGISLATURES, 2022

State	Women	Total State	Percent	Illinois Percentage	Percent Difference
	Legislators	Legislators	Women	Point Difference	(Odds Ratio)
Illinois	72	177	40.7%		
United States	2,302	7,396	31.1%	+9.6%	+30.7%
Ban or Likely-to-Ban States	680	2,907	23.4%	+17.3%	+73.9%
Alabama	23	140	16.4%	+24.2%	+147.6%
Arkansas	31	135	23.0%	+17.7%	+77.1%
Georgia	80	236	33.9%	+6.8%	+20.0%
Idaho	33	105	31.4%	+9.2%	+29.4%
lowa	43	150	28.7%	+12.0%	+41.9%
Indiana	35	150	23.3%	+17.3%	+74.3%
Kentucky	38	138	27.5%	+13.1%	+47.7%
Louisiana	28	144	19.4%	+21.2%	+109.2%
Mississippi	26	174	14.9%	+25.7%	+172.2%
Missouri	51	197	25.9%	+14.8%	+57.1%
North Dakota	31	141	22.0%	+18.7%	+85.0%
Ohio	40	132	30.3%	+10.4%	+34.2%
Oklahoma	31	149	20.8%	+19.9%	+95.5%
South Carolina	29	170	17.1%	+23.6%	+138.5%
South Dakota	30	105	28.6%	+12.1%	+42.4%
Tennessee	20	132	15.2%	+25.5%	+168.5%
Texas	50	181	27.6%	+13.1%	+47.3%
Utah	27	104	26.0%	+14.7%	+56.7%
West Virginia	18	134	13.4%	+27.2%	+202.8%
Wyoming	16	90	17.8%	+22.9%	+128.8%

Source(s): Authors' analysis of "Women in State Legislatures 2022" data (CAWP, 2022).

Recent Developments and Potential Policy Options

Both women and doctors have flocked to Illinois from states that have banned abortion. Health clinics near the Indiana, Wisconsin, and Missouri borders are reporting significant increases in out-of-state patients, with between 60 and 86 percent of patients now coming from out-of-state (Miller, 2022a; Miller, 2022b; Forde, 2022). Abortion providers have relocated to Illinois from Tulsa, Oklahoma, Memphis, Tennessee, and Indianapolis, Indiana (Hoberock, 2022; Munoz, 2022; Nickell, 2022). Providers have also expanded operations in Champaign and Rockford, and announced plans for mobile abortion clinics that will travel close to the borders of neighboring states that have banned abortion (Miller, 2022c; Leventis Lourgos, 2022; Salter, 2022). While these changes have created new jobs in Illinois, the increase in demand is causing longer wait times and delays for Illinois residents (Leventis Lourgos, 2022). To meet the high demand, Illinois could increase the pools of providers by allowing physician assistants and registered nurses to perform medication and procedural abortions, like Connecticut and Maryland (Fentem, 2022; (Ollstein & Messerly, 2022).

In the wake of *Roe v. Wade*, personal data can be used to surveil pregnancies and pregnant women (Cox, 2022). Everything from text messages and emails to location data and fertility tracking apps could be used to prosecute women seeking abortions (Bowman, 2022). States like Texas, Oklahoma, and Idaho allow citizens to file civil lawsuits against women who have abortions, providing informants with bounties of up to \$10,000. These laws also allow bounty hunters to request personal data about the women, including from apps that track menstrual cycles (Cox, 2022). Illinois could consider enacting a data privacy law that gives consumers the freedom to decide whether or not to have their data shared and prevents the sale of personally identifying information, similar to the California Consumer Privacy Act that went into effect in January 2020 (CCPA, 2018). This would protect women from unwelcome surveillance.

From an economic perspective, Illinois can be promoted a woman-friendly and family-friendly state in the post-*Roe* world. The data clearly reveal that Illinois' women and children fare substantially better than their counterparts in the 20 states that have already banned or are likely to ban abortion. Annual incomes are 8 percent higher, health insurance coverage is 7 percent higher, and working poverty is 11 percent lower for employed women. Illinois' children are 5 percent more likely to be covered by health insurance plans and 11 percent less likely to experience childhood poverty. Additionally, women are more likely to have bachelor's degrees, more likely to be employed, and more likely to serve in leadership roles. Women and working families should be encouraged to relocate to Illinois, a state that offers both reproductive healthcare rights and upward economic mobility for women and their children.

However, while economic outcomes for women and children are considerably better in Illinois, the state could take steps to solidify these labor market advantages and make Illinois a more attractive place for women workers and their families. The following are four potential policy options that the State of Illinois could consider implementing.

1. Expand access to affordable childcare options and enact a refundable childcare tax credit. Access to quality affordable childcare improves child development and promotes parental employment (Morrissey, 2020). In Illinois, the average annual cost of infant care is \$13,800 and the average annual cost of care for a 4-year-old is \$10,400, making Illinois the 10th-most expensive state for care (EPI, 2019). Childcare also costs about as much as the average cost of college tuition at Illinois' four-year public colleges. There is a strong link between affordable childcare and the employment rate of mothers (Schochet, 2019; Vuri, 2016). One study by the U.S. Department of Health and Human Services found that tripling the federal investment in the Child Care and Development Fund (CCDF) would attract and retain 14 percent more low-income women with children into the workforce (Enchautegui et al., 2016). To combat the high cost of childcare and make it affordable for low-income

families, elected officials could consider doubling or tripling the state's investment in the Child Care Assistance Program (CCAP), which currently serves 6 percent of childcare-aged children in Illinois. CCAP ensures that no eligible family pays more than 7 percent of their gross income on childcare expenses. Illinois could also implement a refundable child tax credit, which could provide hundreds of dollars of annual tax relief for working families (Dickson et al., 2021).

- 2. Adopt paid family leave and paid sick leave policies. Paid leave policies increase women's labor force participation, productivity levels, and weekly hours. Studies have found that paid parental leave increases weekly hours worked for mothers by up to 17 percent in the years after birth, lifts the salary potential of women, and reduces employee turnover costs for businesses (Sakaria & Tosto, 2018; Jones, 2020; Petts, Knoester, & Li, 2018; Rossin-Slater, Ruhm, & Waldfogel, 2013). In Illinois during the pandemic, access to paid leave increased the probability that working mothers remained employed by 10 percent and reduced their chances of experiencing income losses by 14 percent (Dickson et al., 2021). Elected officials in Illinois could follow other states in enacting paid leave for workers to care for newborns, adopted children, or sick family members. Implementing 12 weeks of paid parental leave and 5 days of paid sick leave would boost worker earnings by a combined \$3 billion in Illinois (Gigstad, Bruno, & Manzo, 2020; Manzo, Bruno, & Gigstad, 2020). These labor standards would have no net-negative effect on Illinois businesses because they raise labor force participation, improve worker health, and reduce employee turnover. They would also ensure that working mothers can provide adequate care for their families while remaining gainfully employed.
- 3. Make college more affordable by increasing the state's investment in higher education. Women workers in Illinois are significantly more likely to have bachelor's degrees than their counterparts in the ban or likely-to-ban states. Furthermore, women account for a majority of college graduates within Illinois. For example, in 2019, women accounted for 53 percent of all graduates from public universities and 54 percent of all awards conferred from community colleges in Illinois (IBHE, 2019). Accordingly, college affordability is an issue that disproportionately impacts women. As an example, the University of Illinois at Urbana-Champaign has an in-state tuition cost (more than \$15,400 per year) that is 19 percent higher than the comparable average for Big Ten public universities (UIUC, 2022). The State of Illinois could consider increasing support for Monetary Award Program (MAP) grants to improve financial aid for in-state residents, boost state funding for public universities and community colleges, and make two-year community colleges tuition-free (Illinois OMB, 2022).
- 4. Encourage Illinois businesses to implement flexible work arrangements that promote work-life balance. Previous economic research has established strong relationships between flexibility and higher productivity, improved employee morale, reduced absenteeism, and lower turnover (CEA, 2014; Bloom, Kretschmer, & Van Reenan, 2009). The COVID-19 pandemic changed the workplace by making remote work and hybrid work arrangements more prevalent (Sarfaty, 2022). One randomized control trial study found that hybrid workers have 35 percent less attrition and are 8 percent more productive than fully in-office workers (Bloom, Han, & Liang, 2022). Another found that 60 percent of women who currently work remotely would look for new jobs if they are not allowed to maintain that flexibility (Pelta, 2022). Similarly, women are 32 percent less likely to say they intend to leave their jobs if they can work remotely than their female counterparts with the same childcare responsibilities who must work in-person (Connley, 2021). Finally, in Illinois during the pandemic, flexible work scheduling increased the likelihood of a working mother remaining employed by 9 percent (Dickson et al., 2021). Illinois' businesses can be encouraged to improve flexibility in when and in what ways women work.

Conclusion

Research shows that reproductive healthcare rights are an economic issue. After abortion became legal in the United States—first in individual states and then nationally due to the 1973 *Roe v. Wade* Supreme Court decision—the college graduation rate and employment rate of women improved. Women became less likely to go into debt and less likely to go bankrupt or be evicted. Childhood poverty and crime rates both decreased while children's college graduation rates increased. Perhaps most importantly, teen motherhood fell, maternal mortality declined, and women's health outcomes improved. The states that choose to ban abortion post-*Roe* risk experiencing a reversal of these gains for women and children. If abortion were to become illegal in Illinois, either through a state law or by imposition from a future U.S. Congress, teen motherhood and childhood poverty would be expected to increase and women's labor force participation and higher education enrollment would be expected to decrease—shrinking the state's economy.

On the other hand, if abortion remains legal and accessible, Illinois is positioned well to attract and retain women workers who prefer to live in a state where reproductive healthcare rights are protected. Given the strong connection between access to abortion and women's economic outcomes, Illinois' labor market advantages for women can strengthen over time. However, Illinois still trails other states in promoting family-friendly policies. Consequently, steps can be taken to make Illinois a more attractive place for women and working families.

Sources

- Advancing New Standards in Reproductive Health (ANSIRH). (2020). The Harms of Denying a Woman a Wanted Abortion.
- Aisenbrey, Silke, Marie Evertsson, and Daniel Grunow. (2009). "Is There a Career Penalty for Mothers' Time out? A Comparison of Germany, Sweden, and the United States." Oxford University Press, 88(2): 573–605.
- Ananat, Elizabeth Oltmans, Jonathan Gruber, Phillip Levine, and Douglas Staiger. (2009). "Abortion and Selection." Wellesley College.
- Anderson, Deborah, Melissa Binder, and Kate Krause. (2002). "The Motherhood Wage Penalty: Which Mothers Pay It and Why?" *American Economic Review*, 92(2): 354–358.
- Benson Gold, Rachel. (2003). "Lessons from before Roe: Will Past Be Prologue?" *Guttmacher Policy Review*, 6(1). Guttmacher Institute.
- Benton, Richard and Eunmi Mun. (2021). *Illinois Corporate Board Diversity, Inclusion, and Representation Report* 2020. University of Illinois at Urbana-Champaign.
- Bloom, Nicholas, Ruobing Han, and James Liang. (2022). How Hybrid Working from Home Works Out. Stanford University; Trip.com.
- Bloom, Nick, Tobias Kretschmer, and John Van Reenan. (2009). "Work-Life Balance, Management Practices and Productivity." *International Differences in the Business Practices and Productivity of Firms*, 15-54.
- Blue Cross Blue Shield Association (BCBS). (2021). "Blue Cross Blue Shield Association Study Reports Higher Childbirth Complication Rates for Black and Hispanic Women Regardless of Age."
- Bowman, Emma. (2022). "As States Ban Abortion, the Texas Bounty Law Offers a Way to Survive Legal Challenges." NPR.
- Budig, Michelle. (2014). "The Fatherhood Bonus and the Motherhood Penalty: Parenthood and the Gender Gap in Pay." Third Way.
- Bureau of Economic Analysis (BEA). (2021). "Regional Data: GDP & Personal Income." U.S. Department of Commerce.
- California Consumer Privacy Act (CCPA). (2018). State of California Department of Justice.
- Center for American Women and Politics (CAWP). (2022). "Women in State Legislatures 2022."
- Connley, Courtney. (2021). "Women with Childcare Needs Are 32% Less Likely to Leave Their Job If They Can Work Remotely, According to New Report." CNBC.
- Correll, Shelley, Stephen Benard, and In Paik. (2007). "Getting a Job: Is There a Motherhood Penalty." *American Journal of Sociology*, 112(5): 1,297–1,338.
- Council of Economic Advisers (CEA). (2014). Work-Life Balance and the Economics of Workplace Flexibility. The Obama White House.

- Cox, Joseph. (2022). "Data Broker Is Selling Location Data of People Who Visit Abortion Clinics." Vice.
- Dickson, Alison, Frank Manzo IV, Robert Bruno, Jill Gigstad, and Emily E. LB. Twarog. (2021). Women and Child Care in Illinois: A Survey of Working Mothers During the COVID-19 Pandemic. Illinois Economic Policy Institute; University of Illinois at Urbana-Champaign.
- Donohue, John and Steven Levitt. (2001). "The Impact of Legalized Abortion on Crime." *Quarterly Journal of Economics*, 116(2): 379–420.
- Economic Policy Institute (EPI). (2019). "Child Care Costs in the United States."
- Enchautegui, Maria, Nina Chien, Kimberly Burgess, and Robin Ghertne. (2016). Effects of the CCDF Subsidy Program on the Employment Outcomes of Low Income Mothers. Urban Institute.
- Farin, Sherajum, Lauren Hoehn-Velasco, and Michael F. Pesko. (2022). *The Impact of Legal Abortion on Maternal Health: Looking to the Past to Inform the Present*. Annual Conference of the American Society of Health Economics.
- Fentem, Sarah. (2022). "Pritzker, Illinois Providers Call for More Nurses and Doctors to Perform Abortions." St. Louis Public Radio.
- Forde, Noelle. (2022). "Some Want to See Illinois Expand Pool of Providers for Abortion Services." News Channel ABC20.
- Gigstad, Jill, Robert Bruno, and Frank Manzo IV. (2020). *The Impact of Providing Paid Parental Leave in Illinois: A Labor Market Perspective*. Illinois Economic Policy Institute; University of Illinois at Urbana-Champaign.
- Gruber, Jonathan, Phillip Levine, and Doug Staiger. (1999). "Abortion Legalization and Child Living Circumstances: Who is the 'Marginal Child'?" *Quarterly Journal of Economics*, 114(1): 263–291.
- Guttmacher. (2022). "Interactive Map: U.S. Abortion Policies and Access After Roe." Guttmacher Institute.
- Guttmacher. (2019). "Data Center." Guttmacher Institute.
- Herbert, Christopher, Daniel McCue, and Rocio Sanchez-Moyano. (2013). *Is Homeownership Still an Effective Means of Building Wealth for Low-income and Minority Households?* Harvard University.
- Hoberock, Barbara. (2022). "Tulsa Abortion Clinic to Move to Illinois." *Tulsa World*.
- Hoyert, Donna. (2020). "Maternal Mortality Rates in the United States, 2020." Centers for Disease Control and Prevention (CDC).
- Illinois Board of Higher Education. (IBHE). (2019). "IBHE Data Book." State of Illinois.
- Illinois Department of Public Health (IDPH). (2022). "Birth Statistics: 2020 Birth Statistics." State of Illinois.
- Illinois Office of Management & Budget (OMB). (2022). Illinois State Budget Fiscal Year 2023. State of Illinois.
- Institute for Digital Research and Education (IDRE). (2021). "FAQ How Do I Interpret a Regression Model When Some Variables Are Log Transformed?" University of California, Los Angeles.

- Jones, Kelly. (2021). At a Crossroads: The Impact of Abortion Access on Future Economics. American University.
- Jones, Kelly. (2020). *Paid Family Leave Increases Mothers' Labor Market Attachment*. Institute for Women's Policy Research.
- Kaiser Family Foundation (KFF). (2022). "Status of State Medicaid Expansion Decisions: Interactive Map."
- Kennedy, Peter. (1981). "Estimation with Correctly Interpreted Dummy Variables in Semilogarithmic Equations," American Economic Review, 71(4): 801.
- Kitchener, Caroline, Kevin Schaul, N. Kirkpatrick, Daniela Santamarina, and Lauren Tierney. (2022). "Abortion Is Now Banned in These States. See Where Laws Have Changed." *The Washington Post*.
- Kleven, Henrik, Camille Landais, Johanna Posch, Andreas Steinhauer, and Zweimüller Josef. (2019). "Child Penalties across Countries: Evidence and Explanations." *American Economic Association Papers and Proceedings*, 109: 122–126.
- Knowles Myers, Caitlin. (2017). "The Power of Abortion Policy: Reexamining the Effects of Young Women's Access to Reproductive Control." *Journal of Political Economy*, 125(6).
- Lang, Kevin and Russell Weinstein. (2015). "The Consequences of Teenage Childbearing before *Roe v. Wade.*"

 American Economic Journal: Applied Economics, 7(4): 169–197.
- Leventis Lourgos, Angie. (2022). "100 Days After the Fall of Roe, Out-of-State Abortion Patients Have Spiked in Illinois. Here Are 6 Things to Know About Abortion Access Locally and Nationwide." *Chicago Tribune*.
- Levine, Phillip, Douglas Staiger, T. Kane, and D. Zimmerman. (1999). "Roe v. Wade and American Fertility." *American Journal of Public Health*, 89(2): 199–203.
- Lewkowitz, Adam and Nina Ayala. (2022). "The Politicization of Fetal Viability." Time Magazine.
- Maddow-Zimet, Isaac and Kathryn Kost. (2021). "Pregnancies, Births and Abortions in the United States, 1973–2017: National and State Trends by Age." Guttmacher Institute.
- Manzo IV, Frank, Robert Bruno, and Jill Gigstad (2020). *Enacting Paid Sick Leave in Illinois: COVID-19 and the Impact of Workplace Standards on Public Health*. Illinois Economic Policy Institute; University of Illinois at Urbana-Champaign.
- Meyer, Erin, Anjali Srinivasan, and Neha Sabharwal. (2021). *Brief of Amici Curiae Economists in Support of Respondents*.
- Miller, Isabel. (2022). (a). "Illinois Abortion Clinics Still Grappling with Surge of Out-of-State Patients." CapitolFax.com.
- Miller, Isabel. (2022) (b). "Illinois Abortion Clinics Struggling to Keep Up with Hugely Increased Demand." CapitolFax.com.
- Miller, Isabel. (2022). (c). "How Indiana's Abortion Ban Will Affect Illinois." CapitolFax.com.
- Miller, Rich. (2022). "Pritzker Announces 20 Percent Increase in Medicaid Reimbursement Rates for Abortion Providers." *CapitolFax.com*.

- Miller, Sarah, Laura Wherry, and Diana Greene Foster. (2020). *The Economic Consequences of Being Denied an Abortion*. University of Michigan; New York University.
- Morrissey, Taryn. (2020). "Addressing the Need for Affordable, High-Quality Early Childhood Care and Education for All in the United States." Washington Center for Equitable Growth.
- Munoz, Brian. (2022). "An Illinois Town is Becoming an Abortion Hub. Some Locals Are Opposed to New Clinics." NPR.
- Nash, Elizabeth and Lauren Cross. (2021). "26 States Are Certain or Likely to Ban Abortion without Roe: Here's Which Ones and Why." Guttmacher Institute.
- Nickell, Katrina. (2022). "Indiana-Based Doctor Moves Practice to Illinois After New Abortion Law Takes Effect." WDRB.
- Ollstein, Alice Miranda and Megan Messerly. (2022). "Blue States Expand Who Can Provide Abortions as They Brace for a Flood of Patients." *Politico*.
- Ossola, Alexandra. (2022). "American Women Are Having Fewer Abortions than Ever." Quartz.
- Pelta, Rachel. (2022). "Survey: Men & Women Experience Remote Work Differently." FlexJobs.
- Petts, Richard, Chris Knoester, and Qi Li. (2018). "Paid Paternity Leave-Taking in the United States." *Community, Work & Family*, 23(2): 162–183.
- Pew Research Center (Pew). (2022). "Public Opinion on Abortion."
- Pitt, David. (2022). "Iowa Abortion Providers Say No Basis to Enact near Ban." The Associated Press.
- Planned Parenthood. (2020). "Abortion Access Maps."
- Ralph, Lauren, Eleanor Bimla Schwarz, Daniel Grossman, and Diana Greene Foster. (2019). "Self-reported Physical Health of Women Who Did and Did Not Terminate Pregnancy After Seeking Abortion Services." *Annals of Internal Medicine*, 171(4): 238–247.
- Ratcliffe, Caroline. (2015). Child Poverty and Adult Success. Urban Institute.
- Rossin-Slater, Maya, Christopher Ruhm, and Jane Waldfogel. (2013). The Effects of California's Paid Family Leave Program on Mothers' Leave-Taking and Subsequent Labor Market Outcomes. Columbia University; University of Virginia.
- Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Megan Schouweiler, and Matthew Sobek. (2022). IPUMS USA: Version 12.0 [dataset]. Minneapolis, MN: IPUMS.
- Sakaria, Anjali and Jacqueline Tosto. (2018). *Paid Family and Medical Leave: Impact and Implementation*. Federal Reserve Bank of Boston.
- Salter, Jim. (2022). "Planned Parenthood Plans Mobile Abortion Clinic in Illinois." The Associated Press.

- Sarfaty, Cheryl. (2022). "How Flexible Should Employers Be in Work Arrangements? The Answer May Affect Recruitment." *North Bay Business Journal*.
- Schochet, Leila. (2019). *The Child Care Crisis Is Keeping Women Out of the Workforce*. Center for American Progress.
- Schuetz, Jenny. (2019). Renting the American Dream: Why Homeownership Shouldn't Be a Prerequisite for Middle-Class Financial Security. Brookings Institute.
- Sinrich, Jenn. (2020). "How Much Does Pregnancy Cost?" What to Expect.
- Solomon, Judith. (2021). *Closing the Coverage Gap Would Improve Black Maternal Health*. Center on Budget and Policy Priorities.
- Spitzer, Elyssa and Nora Ellmann. (2021). State Abortion Legislation in 2021: A Review of Positive and Negative Actions. Center for American Progress.
- University of Illinois at Urbana-Champaign (UIUC). (2022). Institutional Comparisons.
- Vuri, Daniela. (2016). Do Childcare Policies Increase Maternal Employment? Subsidized Childcare Fosters Maternal Employment, but Employment Status, Childcare Quality, and Availability Matter. University of Rome; IZA World of Labor.

Cover Photo Credits

FatCamera. (Accessed September 2022). "Business Women." Image downloaded with Canva.com Pro Account.