Social Development and Abortion Policies in the United States: State-Wise Variations

Mashooq Salehin and Vijayan K. Pillai

Women's access to abortion has been facing challenges by the conservative sociopolitical agencies across the states for decades affecting women's right to health, particularly of reproductive health. Anti-abortion groups across the states in the United States supported by conservative legislators of the state assemblies have been proposing, passing, and enacting laws designed to restrict access to abortion care threatening women's empowerment, gender equality, health, and women's rights. Objectives of this study are to identify major indicators of social development and evaluate their effects on variations in abortion policies across the states in United States. Utilizing the social development perspective, this study measures the cumulative effect of sociopolitical and economic variables on abortion policy scores of the states using discriminant analysis and One-way ANOVA. Independent variables of this study are the state's 2020 presidential election outcome, teen (15–19) birth rate, prevalence of women (15–44) without health insurance, prevalence of female poverty, availability of abortion in the state, and enrollment of women in higher education. As hypothesized, the state's endorsement in the presidential election was identified as a predictor of the state's abortion policy attribute and the extent of abortion law being neutral, supportive, or restrictive. The study found all six independent variables statistically significant and influencing the dependent variable, abortion policy score of states placing them either in the restrictive, neutral, or supportive group. It is evident from the findings that without the support of liberal voters, change in the abortion policies through state legislatives would be difficult. Our result suggests continuing advocacy for reproductive rights particularly during the electoral campaigns to make abortion laws supportive across the states.

Keywords: *abortion, women's empowerment, gender equality, health and women's rights, reproductive rights, roe vs. wade, social development*

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Introduction

The U.S. Supreme court overturned the landmark Roe v. Wade ruling of 1973 that granted the women's right to abortion in the United States for more than five decades. The decision nullified constitutional protection for women to have and access abortion, and is likely to lead to abortion bans in about half of the states (Guttmacher Institute, 2022). Access to abortion is an essential aspect of women's reproductive right, health, and gender equality. The World Health Organization (WHO) defines reproductive rights as a "basic right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health" (World Health Organization, 1999). Reproductive rights are instrumental to women's socioeconomic well-being that endorses their ability to decide whether, how, and when to have children "free of discrimination, coercions, and violence, as expressed in human rights documents" (United Nations, 1995).

In 1993, The Vienna conference on human rights declared "the human rights of women and of the girl-child" as the "inalienable, integral and indivisible part of universal human rights" and emphasized "woman's right to accessible and adequate health care and the widest range of family planning services" (United Nations, 1993). As a champion of human rights, the United States should be leading the progressive drive toward ensuring gender equality. However, according to 2022 Sustainable Development Goals (SDG) gender index, the United States ranks 38th among the nations in the world (Equal Measures 2030, 2022).

As a rich and industrialized western nation, the United States is expected to be ranked among the nations with higher gender equality; however, nations with less wealth and resources appear to achieve higher level of empowerment of women and girls compared to that of the United States (Equal Measures 2030, 2022). Even though women in the United States enjoy relatively higher social and economic opportunities, recent development of abortion politics reflects the challenges coming along from the opposite. Historical ruling of the Supreme Court not only overturned the federal constitutional protections on abortion rights but also reversed the progress in achieving gender equality, leading to inequities in healthcare access for women and particularly for the women of color and minorities. Conservative states' legislatures have been imposing policies to restrict access to abortion through imposing regulations upon abortion providers often turning this into a punishable offense (Medoff, 2010, 2009).

The judicial branch of the United States at different levels has been intervening for decades to resolve the disputes over the interpretation of abortion rights and policies. Interest groups supporting and opposing abortion have been seeking judicial intervention on their side highlighting abortion as a crucial divisive issue in American society and politics. Despite the society's pledge to equity, justice, and fairness—a strong presence of conservative perspective in policies relating to women's right, particularly of reproductive right is evident. Policies influencing

women's access to abortion has been facing strong resistance from the conservative religious groups on the basis of so-called morality (Fabrizio, 2001; Meier & McFarlane, 1993; Mooney & Lee, 1995; Norrander & Wilcox, 1999).

In a democratic system, abortion policies can be influenced by legislator's partisanship and gender (Norrander & Wilcox, 1999; O'Connor & Berkman, 1995) as well as due to grassroots pressure from the religious constituents opposing abortion (Fabrizio, 2001; Jelen & Wilcox, 2003; Norrander & Wilcox, 2001). Since policies are shaped by the citizens' representatives, abortion frequently framed as a moral issue, has been playing a decisive role in American elections at different levels (Abramowitz, 1995; Kaufmann, 2002). Consequently, outcomes of these elections strongly influence the legislative bodies involved in policy formulation.

Studies found that states with Democratic control of the legislative chambers (Norrander & Wilcox, 1999; O'Connor & Berkman, 1995) and a pro-choice governor (Wetstein, 1996) are less likely to have restrictive abortion policies. Restrictions to access abortion threaten the core values of women's empowerment programs and social development efforts which seek to improve economic equity, social justice, and diversity (Mohan, 2015). It is important to identify the sociopolitical and economic factors influencing states' abortion policies in the United States.

Background

Federal courts of the United States including the Supreme court have adjudicated women's right to terminate an unwanted pregnancy in numerous court rulings until the rulings of June 2022 which reversed Roe v. Wade in last four decades including the "Casey vs. Planned Parenthood of Southeastern Pennsylvania" of 1992, Hodgson vs. Minnesota of 1990, Webster vs. Reproductive Health Services of 1989, and Gonzalez vs. Planned Parenthood Federation of America of 2007 (Pew Research Center, 2013). In these rulings, often the lower court's decision had been superseded, or sometimes upheld, leaving gray areas in the verdict to be interpreted by the states, such as in 1992, in the ruling on "Casey vs. Planned Parenthood" of Southeastern Pennsylvania, the supreme court authorized states to regulate abortions prior to fetal viability with the stipulation that such regulations would not impose any "undue burden" preventing a woman from attaining a legal abortion to protect the pregnant mother's health and the life of the fetus (Medoff, 2010).

Interpreting "undue burden" remains with states' own political devices, often with legislatures and lower courts—since this ruling did not clearly define what are to be considered as substantial obstacles preventing pregnant woman from having an abortion. As a consequence of the 1992 Supreme Court ruling, states gained more authority to regulate the abortion right of women, even though indirectly, because of the ambiguity of the standard of "undue burden" that allowed state[s] to formulate burdensome and costly regulations, resulting in abortion providers closing their business which made exercising constitutional rights very difficult for the women even before the 2022 Supreme court ruling (Medoff, 2012).

The verdict of the court is not merely an interpretation and implementation of an act or legal policy originated in the legislative, judicial, and executive branches of the government (Lindblom & Woodhouse, 1993); rather, it is a reflection of the societal perspective. Battle in the courtroom is the surface of the dispute over the abortion issue between contrasting sociopolitical platforms of "pro-choice" and "pro-life" endorsed by the Democratic and Republican party, respectively (Daynes & Tatalovich, 1992). This division becomes more visible at the time of state, congressional, and presidential elections. Prior to the 2016 presidential election, 21% American voters stated that they would "only vote" for the candidate holding the same views on abortion, and 46% of the voters thought of abortion as one of the important factors to consider for voting decision (Riffkin, 2015). Percentage of voters who will only vote for the candidate holding the same views on abortion reached 24% prior to the presidential election of 2020 (Brenan, 2020). Evidently, candidate's view and perspective on abortion has been a crucial voting issue for Americans (Abramowitz, 1995; Brenan, 2020; Jones, 2022; Cook, Jelen, & Wilcox, 1994; Kaufmann, 2002; Riffkin, 2015).

Existing literature on abortion translates abortion rights as a health (Levine, Trainor, & Zimmerman, 1996; Medoff, 2007), moral (Westen, 2007; Wetstein, 1996) and political issue (Abramowitz, 1995; Kaufmann, 2002; Norrander & Wilcox, 1999; O'Connor & Berkman, 1995). Policies on abortion therefore are likely to be influenced by relevant factors in the socioeconomic and political context of a state. While these three dimensions are useful in explaining the variations in abortion policies across the states, a theoretical approach broad enough to encompass all relevant correlates from disparate perspectives should be instrumental to assess their cumulative impact on policies.

The social development perspective provides a methodology and a framework for creating a just society in which individual members in the pursuit of their interests are enabled to enjoy the freedom of not only having an ever-expanding number of choices but also the realization of the choices they make individually and socially, resulting in improvements in individual well-being and happiness (Mohan, 2015; Pandey, 1981, p. 33; Pillai, 2017). As a paradigm, social development emphasizes enhancing individual's capabilities to forge pathways to maximize well-being through ensuring human rights at all levels (Midgley, 2010; Midgley & Pawar, 2017). Social development promotes women's empowerment, gender equality, health, and women's rights (Bulatao & Ross, 2003; DeJong, 2006; DeJong, Bahubaishi, & Attal, 2012; McGuire, 2010; Shen & Williamson, 1999). In this regard, abortion rights, which is a significant aspect of woman's right (Center for Reproductive Rights, 2011; Committee on Economic, Social and Cultural Rights, 2000; Wild & Kunst, 1995), is of high importance as it is one of the most contested political issues in the recent times (Norrander & Wilcox, 2001; Perreira, Johnston, Shartzer, & Yin, 2020). Lack of literature on the impact of social development factors on abortion rights is a significant limitation in the theoretical conceptualization of abortion rights.

The objective of this paper was to address the lack of social development approach toward an explanation of abortion rights in the United States. We identify several major indicators of social development and attempt to evaluate their effects on abortion policies across the states in the United States. The next section describes the role of selected variables and their theoretical relationship to abortion policies impacting abortion rights of women. The section following theoretical discussion describes the methodology explaining the measurement of the variables and the model used to test the hypotheses. The last section discusses the data analysis result and implication of the findings of the analysis.

Theoretical Framework

Social development theories likely present a useful and novel approach toward the explanation of abortion laws. Social development theories also provide a vast array of indicators theoretically related to the social development processes. In this section, we detail a few selected indicators with hypothetical relationship with abortion rights.

Two of the most important indicators of social development are women's rights, and reproductive rights (Center for Reproductive Rights, 2011; DeJong, 2006; DeJong et al., 2012; McGuire, 2010; Pillai, 2017; Wild & Kunst, 1995). Abortion right is one of the most sensitive of all reproductive rights (Center for Reproductive Rights, 2011; Pillai, 2017). The extent of abortion rights accorded to women remains one of the most contentious issues in the realm of reproductive rights. Even in developed countries such as the United States with a high level of social development, the extent of abortion rights varies considerably across the states. Debate over the subject of abortion issue has been central to the political issues in the United States framed in terms of liberal and conservative perspectives voiced by political parties, namely, Democrat and Republican (Daynes & Tatalovich, 1992).

Abortion rights as a social development issue has engendered three distinct perspectives, namely, moral, political, and health. The moralistic perspective stems from attributing personhood and therefore a moral status to embryo in varying stages of development from the very moment of conception (Kelley, Evans, & Headey, 1993; Seery, 2001). The moralistic perspective is endorsed by the conservative "pro-life" advocates opposing "abortion" who argue that fetus is a human being with full moral rights like any other born human being; hence, it is not morally permissible to kill a human (Robinson, 2021; Werner, 1974). On the ground of traditional morality, this perspective also promotes abstinence, and encourages continuation of traditional gender role and sexual behavior and/or union (Filipovic, 2021; Miller & Schleifer, 2008; Sneideman, 1978). These moralistic agendas enjoy vigorous support of conservative Republican politicians across different states in America.

The health perspective views abortion as a medical issue and is concerned with all aspects preserving the health of the mother and the fetus within the

bounds of medical ethics (Kunins & Rosenfield, 1991; Sneideman, 1978). This perspective provides clear guidelines for carrying out abortion taking the duration of pregnancy and health status of the mother into consideration. The last perspective, political, views abortion rights as emerging from conflicts and cooperations among competing interest groups vying for power necessary to exert social control over women's abortion decisions by regulating the choices women have to seek, access, and obtain abortion (Abramowitz, 1995; Kaufmann, 2002; Norrander & Wilcox, 1999; O'Connor & Berkman, 1995).

From social development perspectives, it is essential to include women's level of empowerment influencing the extent of reproductive right they enjoy and eventually their reproductive decision-making power in theoretical framework (Folbre, 1994; Kathewera-Banda et al., 2006; Nair, Sexton, & Kirbat, 2006). Social and economic opportunities available for women strongly influence their level of empowerment and reproductive decision-making power. In a society with lower level of gender inequality, women are likely to have higher level of power and reproductive rights (Clark, 2006; Eager, 2010). Women's participation in formal labor or workforce, for example, indicates the extent of their access to economic activities and resources through a "social transaction" which is only possible in a society that adheres to the values of social justice and equality (Pillai & Gupta, 2011; Rothschild & Tomchin, 2005). Embedded values of society's political agencies play a crucial role in creating and fostering women's political power and consequentially their reproductive rights (Pillai & Gupta, 2011; Squires, 2005).

State legislatives formulate and implement policies at the macro level taking a supportive or restrictive approach to abortion—which largely depends on the party controlling the chambers of the state legislature. In addition, personal values and core political values of members of the legislative assemblies also influence their stance on policy issues (Schwartz, Caprara, & Vecchione, 2010) which directly or indirectly shape the policies. Outcome of the political system can only be speculated when value judgment plays a crucial role placing abortion in ethical or moral realm rather than its actual domain of reproductive health.

In addition to the social development perspective, theoretical framework of this study utilizes a system perspective to measure the associations between women's reproductive right manifested by access to abortion, their social and economic opportunities, and condition of sociopolitical environment (Bronfenbrenner, 1979; Norton, 2012). As the micro system, an individual woman is influenced by the abortion policies of the states which are the outcome of interactions between social, economic, and political systems at the macro level. Eco-system perspective has been extensively used in studies of different disciplines including public and community health with diverse populations (Naar-King et al., 2006; Raneri & Wienmann, 2007; Visser & Schoeman, 2004) denoting the interrelationships between the environmental condition of different dimensions and human response.

The social development perspective, in this study, encompasses relevant social forces to be regarded as equally pertinent social forces constituting and shaping

the social development process through measuring the access to abortion within a state. Through reviewing relevant literature on abortion rights, we identified six indicators of social development related to the variation in abortion rights in the United Sates. The six variables are: state political affiliation in terms of presidential election outcome, female poverty level, prevalence of women without health insurance, availability of abortion services, teenage birth rate, and women's level of education.

Presidential Election Result

Every 4 years, citizens of the United States cast their vote to elect a president which captures their collective choice not only of president for the next tenure but also on a wide range of social, economic, ethical, and political issues among which abortion is a prominent one. Candidate's view toward abortion has been instrumental in mobilizing voters not only in presidential election but also in state legislative, gubernatorial, and local elections as well (Gross, 1995; Jelen & Wilcox, 2003; Miller & Krosnick, 2004;). In general, the American political discourse translates the political ideology of voters through measuring their affiliation to extreme liberalism on the one end, represented by Democrat partisans, and to extreme conservatism on the other end, represented by the Republicans (Lyons & Scheb, 1991).

Traditionally, the media, campaign strategist, as well as the academia denote the states in which majority of the voters cast their ballots for the Democrat candidate in the Presidential and Senate elections as "blue states" and those states where majority of voters cast their votes for the Republican candidate as "red states" (Abramowitz & Saunders, 2005; Shin & Webber, 2014). In general, states are very consistent with respect to party affiliation and election outcome; however, shifts from blue to red or the other way around occurs for some states due to swing voters who make decisions not on the basis of their affiliation, rather considering candidate's personality, openness, and stance on social, economic, or national interest issues (Blankenship et al., 2018; Wurgler & Brooks, 2014).

Color of the state being "blue" or "red" is a convenient way to tag in media; this labeling has a theoretical link with Elazar's (1972) theory of political culture which identify three subcultures across the states, namely, moralistic, individualistic, and traditionalistic political culture, based on the state's "fundamental political beliefs and values" derived from residents' view to purpose and role of government (Elazar, 1972). According to Elazar (1972), states with moralistic political culture emphasize progressive political liberalism and public cooperation in protecting collective interest, states with individualistic political culture endorse private entrepreneurship and conservative values and prefer minimal government interference, and states with traditionalistic political culture espouses paternalistic and elitist values to maintain existing hierarchical social and political order. Political culture of a state has been found to influence its legal policies

such as capital punishment (Fisher & Pratt, 2006), education (Louis, Thomas, Gordon, & Febey, 2008), and welfare program (Hill & Leighley, 1992).

In general, it has been observed that the Republican party enjoys electoral advantage in traditionalistic states (Shin & Webber, 2014) which adhere to the patriarchal societal value endorsing that society has the right, and therefore should uphold a "norm" regarding sexuality and reproduction. This perspective, endorsed by the conservative "pro-life" advocates, not only opposes "abortion" but also promotes abstinence, restricts access to contraceptives, and denounces any sexual behavior and/or union other than heterosexual marriage. Republican candidates at all levels of elections champion these agendas while running for the offices with a view to keep their support base intact among conservative voters and gain popularity.

In 2016 presidential election, the Republican candidate Donald Trump and his running mate Mike Pence, well-known for their career-long endorsement against abortion, pledged to continue supporting anti-abortion movement, and committed to nominate anti-abortion judges to the US Supreme Court (Joffe, 2017). After being elected, Mr. Trump remained faithful to his words and the social conservatives through appointing justices not only to the highest court of the nation but also at state and local levels by strengthening anti-abortion movements across the states. The ultimate consequences of such appointments eventually came true—votes of Trump appointed conservative justices in the Supreme Court attributed to the majority needed to strike down the landmark Roe v. Wade ruling that established constitutional right to abortion in the United States.

The outcome of the Presidential election indicates the continuous polarization of American citizens and their views on individual rights as well as women's rights. In the 2016 Presidential election, the issues of "social justice," such as abortion right, climate change, and "rights of minority groups," such as women, ethnic or sexual minority, were the deciding factor for the voters who cast their ballots for the Democrat candidate Hilary Clinton (Blankenship et al., 2018). The political climate of a state is sharply reflected in the Presidential election results since voters have been noted increasingly relying on ideologies to make their choices (Campbell et al., 1960; Converse, 1964; Holm & Robinson, 1978; Levitin & Miller, 1979).

The US presidential election outcome reflects the current public perception to abortion right through their approval or disapproval of the candidate's endorsement for women's overall reproductive rights. Current study uses each state's outcome of the 2020 Presidential election to capture the socio-political perspective to abortion of the respective state.

Socioeconomic Correlates Opportunity

The current study uses three variables to measure the association between abortion policy and socioeconomic opportunity: (1) female poverty rate, (2) rate of women without health insurance, and (3) women's enrollment in higher education within a state.

Female poverty rate

Economic opportunity is essential for empowering women to make them capable of making the right choices in many areas including reproduction. In a democratic society, women are likely to enjoy or share political power (Inglehart & Norris, 2003), advance toward gender equality through the process of social development, and have access to social and economic resources through formal employment. Women's participation in formal labor force indicates the extent of women's political power, social status, and gender equality at the institutional level (Pillai & Gupta, 2011).

States with higher level of economic resources indicate the level of economic development and consequential higher employment opportunities for women. In a stable and growing economy, women are expected to have higher earning opportunity and consequently more control over their reproductive decision including abortion. Lack of economic opportunity is likely to push women to poverty and less access and control over reproductive decision. A state with higher economic opportunity and resource is likely to have lower rate of poverty. Particularly, the percentage of women living in poverty indicates lack of public social assistance programs for women to deal with economic or financial hardship and the extent of difficulties accessing those support, and gender wage gap (Bleiweis, Boesch, & Gaines, 2020).

Percentage of Uninsured Women (15–44)

Health insurance coverage is essential for ensuring individuals' reproductive health. Federal programs, such as Medicaid, along with private health insurance corporates provide coverage for reproductive health care including family planning, maternity care, testing and treatment for sexually transmitted disease, reproductive cancers, etc. Despite restrictions imposed by federal policies such as Hyde Amendment, 16 states provide full or partial coverage of abortion through Medicaid, and 6 states require private health insurance to cover abortion for their beneficiaries (Sonfield, 2021). Rate of women of reproductive age without health insurance reflects the extent to which women are likely to have support of health insurance to maintain and access reproductive health.

Women's Enrollment in Higher Education

As an indicator of social opportunity, the enrollment of women in higher education of the state is included in the theoretical model due to its strong influence on their reproductive health using an ecosystem perspective. Education has been instrumental in empowering women through employment which essentially has a positive impact on their reproductive health (Finlay & Lee, 2018; Pillai & Gupta, 2011). Educated women are likely to have more control over reproductive decisions such as delaying the birth of their first child or terminating an unplanned or unwanted pregnancy (Ankara, 2016; Urbaeva, Lee, & Lee, 2019). With higher

education, women are likely to have a strong voice and participation in social and political agencies through diverse roles, such as legislative assembly member or senior bureaucrat, leading to a supportive political climate for women's reproductive right.

Available Abortion Providers

The total number of abortion providers within a state indicates the extent of access women have to abortion. This variable also indicates whether the state has supportive or restrictive approach to women's reproductive right. As discussed earlier, the state's sociopolitical culture, values, and climate strongly influence the abortion policy making access to service of abortion providers easy or difficult (Boonstra & Nash, 2014; Nash, 2019; Nash & Cross, 2021). States with restrictive policies are found to restrict women's access to abortion services through imposing rigorous regulations, such as requiring mandatory counseling and/or parental involvement for minors before performing the abortion, and restricting Medicaid funding to cover abortion (Bitler & Zavodny, 2001; Medoff, 2007, 2008).

Indirectly restrictive abortion policies make abortion service difficult to access through increasing cost, and decreasing the availability of abortion services by reducing the number of abortion providers (Bitler & Zavodny, 2001; Medoff, 2007, 2008, 2010, 2015). States are alleged to specifically target abortion providers by imposing regulations, requirements, procedures, and protocols which are often unnecessary, to make women's access to abortion providers difficult and burdensome (Medoff, 2009, 2015). The number of abortion service providers within a state indicates to what extent the state has a supportive or restrictive approach to provide women with access to abortion.

Teen Birth Rate

Public preferences attribute to modification of state policies through influencing the state's overall political environment (Hill & Leighley, 1992; Kingdon, 1989). The state's response to teen pregnancy and teen abortion, for example, has received attention of the policy makers at the state and federal level. Even with a declining trend, in 2019, the United States had a teen birth rate of 16.7 per 1,000 females aged 15–19, which still is the highest among the Western industrialized developed nations and has been recognized as one of the most important social problems—(Martin, Hamilton, Osterman, & Driscoll, 2021; Sedgh et al., 2015). Federal policies have encouraged states to impose stringent "abstinence-only sex education" back in early 2000 through Title-V grants, for example—which was implemented by several states because of its popularity among conservative "pro-life" advocacy groups. The extent of teen abortion is likely to incite policy initiative by the lawmakers to address the problem. Particularly, states with dominant pro-life support groups and higher religiosity are likely to advocate for formulating or modifying restrictive policies to lower the abortion rate (Cavazon-Rehg

et al., 2012; Russo & Denious, 2005). As Kingdon (2002) noted that a problem continuing for years might initiate government official's action, prolonged presence of teen pregnancy and teen abortion in the society could invoke state legislatures for creating or crafting supportive or restrictive abortion policies.

Using the variables discussed above, the following hypotheses were tested: (1) 2020 US Presidential election outcome will be associated with the state's abortion policy approach as such, blue states will have a supportive policy and red states will have a restrictive abortion policy. (2) Independent variables will be able to predict a state's policy group. (3) There will be significant mean differences in teen birth rate, female poverty rate, total number of abortion providers, female enrollment in college, and rate of uninsured women between the groups of states based on the approach of their abortion policies.

Methods

All 50 states of the United States were included in this study ($N = 50$). Due to its special status of a federal district under the jurisdiction of the US Congress, the District of Columbia (DC) was excluded even though DS is considered as a state in comparative policy studies (Addante et al., 2021).

Dependent Variable

The dependent variable of this study is the state's comprehensive policy score given to all 50 states by the nation's leading research and policy organization Guttmacher Institute (2021). A state's comprehensive policy score reflects the assessment of overall abortion policy environment shaping abortion policies being "hostile" or "supportive" of women's abortion rights and access (Mash, 2019). A state received a score of −1 if abortion restrictions were in effect through state law (1) banning pre- or post-viability abortions that contradict with constitutional protection, (2) requiring in-person abortion counseling followed by a waiting period before the procedure, (3) restricting Medicaid coverage for abortion cost, (4) prohibiting the use of telemedicine to provide medication abortion, (5) requiring parental involvement for women younger than 18 years of age to access abortion service, and (6) imposing unnecessary and onerous abortion clinic regulations for abortion providers.

A state was given a score of +1 if protective measures to ensure women's access to abortion were in effect through state policies affirming the right to abortion, establishing a legal standard to protect women's access to abortion, allowing state's Medicaid funds to cover abortion cost, allowing advanced practice clinicians to provide abortion, and mandating private health insurance plans to cover abortion (Nash, 2019). Hence, a state may receive a maximum score of +6 or a minimum score of -6 meaning that a state with a score of +6 has all of the protective measures in effect by law, and a state with a score of -6 has all of the abortion restrictions in effect.

A state received a score of -1 for each of the following abortion restrictions in effect: (1) there is a ban on pre- or post-viability abortions that contradicts with constitutional protections, (2) state law requires in-person abortion counseling followed by a waiting period before the procedure, (3) state law prohibits or restricts Medicaid coverage for abortion cost, (4) state prohibits the use of telemedicine to provide medication abortion, and (5) state law requires parental involvement for women younger than 18 years of age to access abortion service, and (6) state laws impose unnecessary and onerous abortion clinic regulations for abortion providers. A state was given a score of +1 for each of the following protective measures in effect: (1) the state constitution affirms the right to abortion, (2) a legal standard is in effect to protect women's access to abortion, (3) states' policy is in effect to use state's Medicaid funds to cover Medicaid cost, (4) state law allows advanced practice clinicians to provide abortion, (5) private health insurance plans are mandated to cover abortion, and (6) abortion laws safeguard or protect women's access to abortion clinics (Mash, 2019). Hence, a state may receive a maximum score of +6 or a minimum score of -6 meaning that a state with a score of +6 has all of the protective measures in effect by law and a state with a score of -6 has all of the abortion restrictions in effect.

We used the comprehensive policy score as a continuous variable with a range between -6 and +6. The higher the score, the more supportive are the state policies to abortion rights. For this study, the dependent variable "comprehensiveness of the abortion policy" was operationalized using categorical level of measurement such that, states with a higher score fall into the supportive policy group and states with lower score fall into the nonsupportive or restrictive policy group. The comprehensive policy score of states given by Guttmacher Institute was categorized into five groups as follows: states, with a policy score between −6 and −5, were identified as "hostile" and received the value of 1; states with a policy score between -4 and -3 were identified as "restrictive" and received the value of 2; states with a policy score between -2 and 2 were identified as "neutral" and received the value of 3; states with policy score of 3 or 4 were identified as "supportive" and received a value of 4; and states with a policy score between 5 and 6 were identified as "very supportive" and received the maximum value of 6. The dependent variable was treated as a continuous variable with the range between 1 and 6. The dependent variable at the end was measured in categorical level creating three groups, namely, "Restrictive" states with a score between -6 and -3; "Neutral" states with a score between -2 and +2; and "Supportive" states with a score between 3 and 6.

Independent Variables

As explained in the theoretical framework, the independent variables of this current study are: (1) 2020 Presidential Election outcome, (2) state's female poverty rate, (3) total number of abortion providers in the state, (4) teen (15–19 years) birth rate of the state, (5) rate of women without health insurance, and (6) women's enrollment in higher education within a state.

Presidential election outcome of 2020
We obtained the state's endorsement in 2020 US presidential election from the official election result declared by the Federal Election Commission (FEC) of the United States (Federal Election Commission, 2021) and assigned a value of 1 to the states in which the Republican candidate won the electoral college and a value of 2 to the states in which the Democrat candidate won. As explained earlier, this variable reflects the latest political environment of the state.

Poverty level of women in the state
The poverty level of women in the state reflects the extent of women's economic opportunity as well as the challenges women face while taking reproductive decisions. The information on state's unemployed women's poverty was collected from the United States Census Bureau (2019).

Teen birth rate
Teen (15–19) birth rates were obtained from the Guttmacher Institute Data Center (Maddow-Zimet & Kost, 2021). Teen birth rates refers to the number of births per 1,000 young mothers aged (15–19), by state of residence in the year 2019 by state of residence.

Women's enrollment in higher education
State's level of women education was measured using the proportion of women aged 18–24 years enrolled in graduate school or college in 2019. The information on the level of women's education in the state was collected from the United States Census Bureau (2019).

Total number of abortion providers in the state
Data for this variable were obtained from the Guttmacher Institute's most recent abortion provider census which was conducted between 2018 and 2019 (Jones, Witwer, & Jerman, 2019). The Guttmacher Institute surveyed all health care facilities providing abortions in the United States to estimate abortion incidence and the number of abortion providers in 2017—which is the latest information available on the number of abortion providers by state.

Prevalence of women without health insurance
Data on the rate of women without health insurance within a state was obtained from the Guttmacher Institute analysis using data from the U.S. Census Bureau's American Community Survey of 2019 (Sonfield, 2021).

Result and Analysis

Data were analyzed in three steps; beginning with a descriptive analysis of the variables, we conducted a One-way analysis of variance and discriminant analysis (DA) in the following steps to test the hypotheses. Before the analysis of data,

it is imperative to check if the data to be analyzed in this study satisfy the fundamental assumptions such as normality and significant outliers. The normality assumption was checked preliminary by examining the kurtosis and skewness values for all variables. Both descriptors of the distribution of all variables were found to be within acceptable range (± 2) except for the variable of "abortion provider" (total number of abortion providers in the state). This is due to two outlier cases of California and New York—where the mean is 31.5, these two states have very high value (CA = 419, and NY = 225). To assess the influence of these two outliers beforehand, we computed DFBETA value for each observation for each predictor. The conventional cutoff point for DFBETA is 2/sqrt(N) where N is the number of cases. Applying this formula, we secure the DFBETA cutoff point as 2/sqrt (50) = 2/7.07 $\approx$ 0.28. None of the variables exceeded the DFBETA value of 0.28, leading to the conclusion that no elimination of variables in our data set is necessary for further analysis of data using general lineal modeling approaches.

We have argued that sociopolitical factors in general drive the level of support for abortion across American states. A number of variables measuring the number of abortion providers within a state, level of female education, and party leaning/electoral college for Republicans or Democrats in the 2020 elections were considered as the key drivers of state wise support for abortion.

Descriptive Analysis

The key statistics of social, economic, and reproductive indicators of women are presented in Table 1. Cross-tabulation analysis was used to explore the distribution of these characteristics across the states with respect to categories of their abortion policy. In terms of policy being supportive or restrictive, half of the states ($N = 25$, 50%) were found with a restrictive policy, and 13 states (26%) were identified with a supportive abortion policy. With a score in the middle range (-2 to 2), 12 states (24%) were identified with "neutral" policies. Overall, states with restrictive policies were found with higher female poverty, higher rate of women without health insurance, and higher teen (15–19 years of age) birth rate compared to that of national average and of states with supportive and neutral abortion policy.

Female poverty is higher in the states with a restrictive policy (14.72%) compared to the states with neutral (11.21%) or supportive (12.38%) policy. In the United States, approximately 13.28% of women fall below the poverty line, and 11.15% of women (15–44 years of age) are without any health insurance. About 13% of women (15–44 years of age) were found without health insurance in the states with restrictive policy, whereas states with supportive policy had only 8.25% of women (15–44 years of age) without health insurance.

Mean of all 50 states' teen (15–19 years of age) birth rate is 16.87 (SD = 6.03). Teen birth rates were also found to be lower in the states with supportive (12.37) and neutral (14.15) compared to that of states with restrictive (20.50) abortion policy. As expected, states with a restrictive policy had a lower number of abortion providers with an average of 11.48 ($N = 25$) compared to that of states with

Table 1   Key socioeconomic and reproductive characteristics of women across the states

	Mean	SD	State's abortion policy category		
			Restrictive	Neutral	Supportive
N = 50	–	–	25 (50%)	12 (24%)	13 (26%)
Presidential election 2020	–	–	Red = 20	Red = 4	Red = 1
			Blue = 5	Blue = 8	Blue = 12
Uninsured women of age (15–44 years)	11.15%	4.54	12.92%	10.60 %	8.25%
Female population below poverty line	13.27%	2.98	14.73	11.22	12.38
Females enrolled in college or graduate school	29.38%	3.01	28%	30.23	31.25%
Total number of abortion providers in the state	31.58	67.71	11.48	21.08	79.92
Teen (15–19) birth rate	16.87	6.03	20.5	14.15	12.37

neutral abortion policy with an average of 21.08 ($N = 12$) and states with supportive policy with an average of approximately 80 abortion providers ($N = 13$). In terms of the 2020 Presidential election outcome, out of 25 States of the restrictive policy group, 20 (80%) states endorsed the Republican candidate through their electoral votes. As expected, out of 13 states with supportive abortion policy, 12 (92.3%) states casted their ballot for the Democrat candidate.

Test of Hypotheses

We conducted a One-way analysis of variance test to analyze the differences in means between the categories of the dependent variable for each of the independent variables. For each of the independent variables, the One-way ANOVA revealed a statistically significant difference in the means of all independent variables between at least two groups. Further analysis with Tukey's Honestly Significant Difference (HSD) test found that there was no statistically significant difference between states with "supportive policy" and "neutral policy" ($p = 0.632$) in the mean of teen birth rate. Tukey's HSD test for multiple comparisons found a statistically significant difference in the mean of percentage of women without health insurance between the states with "neutral policy" and "restrictive policy" ($p = 0.263$). The difference was also statistically significant in the mean of "female poverty" between the states with "neutral policy" and "supportive policy" ($p = 0.511$). The mean difference of states' total number of abortion providers was found statistically significant between the groups of "neutral policy" and "restrictive policy" ($p = 0.900$); the difference was also statistically significant between the groups of states with "neutral policy" and "supportive policy" ($p = 0.058$). With respect to females' enrollment in college, Tukey's HSD test found statistically significant difference between the groups of "neutral policy" and "supportive

policy" ($p = 0.616$); the difference was also statistically significant between the groups of states with "neutral policy" and "restrictive policy" ($p = 0.058$).

To have a preliminary understanding of whether the variables in the model are capable of predicting a group membership, we conducted the test of equality of group means. As presented in the Table 2, all the F values of the respective independent variable were found to be significant at the 0.05 level. The Wilks' Lambda was also found to be significant, indicating that all the variables are individually/separately capable of predicting group membership.

Multivariate Analysis

To assess the selected independent variables' predicting capability of belonging to any of the three ordinal categories of states' abortion policies, that is, supportive, neutral, or restrictive, we conducted DA as a multivariate statistical tool. The dependent variable in DA, sometimes referred to as group variable, is usually a nominal level variable as is the case in this study. A first step in DA is to create discriminant functions by combining a number of selected independent variables. When the grouping variable has two levels, one discriminant function is created. In general, DA yields *k-1* discriminant functions where *k* is the number of categories in the grouping variable. In the step-wise DA procedure, the most important variable which discriminates between categories of the grouping variable is selected first. Then, through an iterative procedure, DA adds variables to maximize the predictive ability of the discriminant function. DA implemented using SPSS 24.0 yielded two discriminant functions which aided in discriminating between categories of membership of American states on ranking of abortion supportive policies.

Of the two discriminant functions identified, the first one is far superior to the second in predicting the level of support for abortion among American states, as indicated by the magnitude of Eigen values in Table 3. The square of the canonical correlation of the first discriminant function amounting to approximately 50% is the extent of variance in the predicted scores explained by the differences among levels of support for abortion. A preliminary assessment predictive validity of the model involved comparing the equality of the covariance matrices; one for each of the three levels of the grouping variable. Box's M test of equality of

Table 2   Test of equality of group means

Variables	Wilks' Lambda	F	p
Teen birth rate	0.618	14.513*	0.000
Female poverty rate	0.740	8.257*	0.001
Total number of abortion providers	0.814	5.371*	0.008
Females enrolled in college or graduate school	0.770	7.008*	0.002
Presidential Election 2020 result	0.607	15.204*	0.000
Percentage of uninsured women (15–44)	0.810	5.500*	0.007

*Significant at the 0.05 level.

Table 3   Eigen values of discriminant functions

Function	Eigen value	Percent of variance	Canonical correlation
1	1.003*	77.2	0.708
2	0.296*	22.8	0.478

*First two canonical discriminant functions were used in the analysis.

Table 4   Standardized canonical discriminant function coefficients (SCC)

Variables	Function 1	Function 2
Teen birth rate	−0.625	1.367
Female poverty rate	0.177	−1.736
Total number of abortion providers	0.331	−0.370
Females enrolled in college or graduate school	0.034	0.600
Presidential election 2020 result	0.507	0.243
Percentage of uninsured women (15–44)	−0.073	0.263

*First two canonical discriminant functions were used in the analysis.

covariance matrices rejected the null hypotheses of equality. The predictors in our model have discriminatory ability as indicated by Wilks' Lambda value of 0.385, significant at the 0.05 level. As presented in Table 3, a high Eigen value (1.003) of the first discriminant function is reinforced by the statistical significance of the Wilks' Lambda, indicating the appropriateness of our discriminant functions. Since both of the Wilks' Lambdas are statistically significant as revealed by the statistical significance of χ^2 statistics, we conclude that both of the discriminant functions are significant.

As presented in Table 4, three predictor variables, namely, teen birth rate, total number of abortion providers, and "State's endorsement of Electoral College in 2020 Presidential Election" loading on the first discriminatory function have large values. Teen birth rate was identified as the strongest predictor in the first discriminatory function, and Presidential Election result of 2020 as the second most important predictor. In the second discriminatory function, teen birth rate was also found with a large coefficient (1.367); however, unlike the first discriminatory function, the value was negative, suggesting association with the restrictive policy group. In addition to the teen birth rate, two other discriminatory variables, namely, female poverty and female enrollment to higher education load on the second discriminatory function. High positive values of the standardized canonical coefficients are associated with high values of the centroids of the first discriminant function. The group centroids of the first discriminant functions for Restrictive, Neutral, and Supportive policy are −0.905, 0.386, and 1.384, respectively. The positive values of standardized canonical coefficients suggest association with support for abortion. Low levels of "percentage of uninsured women" and "female poverty

Table 5   Classification results

Abortion policy group	Predicted group membership		
	Restrictive	Neutral	Supportive
Restrictive policy	19 (76%)	–	
Neutral policy	–	8 (66.7%)	
Supportive policy	–	–	10 (76.9%)

*74.0% of the original grouped cases are correctly classified.

rate" are associated with restriction on abortion. "Female education" and "electoral college" (in favor of Democrats) increase the likelihood of support for abortion.

In order to demonstrate how well the discriminatory function scores, predict accurately to which of the three levels of support for abortion, we make use of the classification data presented in Table 5.

The classification results of Table 5 reveals that states with a supportive policy were classified with slightly better accuracy (76.9%) than states with a restrictive policy (76%). Overall, the proposed model successfully classifies a high percent of cases, 74%, correctly suggestive of a high level of predictive value of our model.

Discussion

The current study examined whether social development factors such as socio-economic, political, and demographic characteristics of states are associated with the state's policy approach to abortion. The study attempted to examine whether sociopolitical, demographic, and economic indicators could predict the state's abortion policy's attribute of being supportive or restrictive. The hypotheses of the current study tested whether the independent variables, namely, teen birth rate, result of 2020 presidential election, female poverty, prevalence of abortion providers, women's enrollment into higher education, that is, in college or graduate school, and rate of uninsured women in the 15–44 age group could predict the respective state's abortion policy category.

The dependent variable—abortion policy of the state could be restrictive, neutral, or supportive—which was operationalized using the policy score provided by the Guttmacher Institute (2022). The result of the data analysis suggests an association between policy approach and predictor variables. All the independent variables were found to be capable of predicting a state's membership to the policy group. ANOVA test revealed mean differences of all six independent variables statistically significant between states in terms of their abortion policy approach. DA of the state's data on socioeconomic and political indicators reinforced the classification of states based on their attributes of abortion policies. Two discriminate functions, both statistically significant, were estimated to discriminate between states in terms of their abortion policies.

We found state's teen (15–19) birth rate to be the important predictors in both functions. In addition to teen birth rate, first discriminatory analysis identified the state's electoral college endorsement in the presidential election of 2020 as the second most important predictor with a positive coefficient indicating states endorsing Democrat candidates are likely to have supportive abortion policies. We found that the state's endorsement in the presidential election aligns with our hypothesis that predicted blue states have supportive abortion policies contrasting red states that have restrictive and/or hostile abortion policies. The differences between categories based on the states' abortion policy and states' affiliation based on the Presidential election outcome was found to be statistically significant. Result of the data analysis shows that the state's socioeconomic and demographic factors strongly influence the teen birth rate. Our model supports the assumption revealing negative correlation of teen birth rate with the total number of abortion providers within the state ($r = -0.079$), women's education ($r = -0.448$). We also found a strong association between poverty and teen birth rate ($r = 0.828$), indicating that female poverty increases the likelihood of teens being pregnant. States with restrictive policy had a higher rate of female poverty, compared to that of states with neutral and supportive abortion policy.

Our analysis also found a positive association between discriminant function coefficients of female poverty with states belonging to a supportive policy group. This is possible as states with a supportive abortion policy have supportive assistance programs for women living in poverty. Another economic indicator, prevalence of women without health insurance, was found to have associated with restrictive policy group—which could be a potential explanation as to why state's political alignment matters to women's health in general. States with restrictive abortion policy are likely to have less support to women living in poverty and higher prevalence of women without health insurance. The current model considers teen birth rate, female poverty, availability of abortion providers, female's enrollment in college or graduate school, percentage of uninsured women, and endorsement of the state's electoral college in the Presidential election as statistically significant variables influencing the abortion policy score of states placing them either in the restrictive, neutral, or supportive group. The states have these policies in place to make abortion accessible or difficult to access. Based on the result of the analysis, we found significant differences between the "restrictive", "neutral," and the "supportive" states with respect to their abortion policies.

Despite the differences between the states with respect to abortion policy, it is important to note that the policy process and political climate that influence abortion policies across the states is not static, rather it is fluid. In general, the restrictive abortion policies across the states can be explained as the outcome of elitist orientation of policy process which suggests the elites with economic resources, powers, social status, and institutional positions controlling social policy to secure advantage over others, particularly the marginal groups, with a view to maintain their position in the power structure (Gilens & Page, 2014). However, American Constitution affirms the rule of people in which citizens share the power indirectly

through electing representatives to form the government. Policies formulated through this democratic system are expected to be the reflections of "collective will of average citizens"—referred to as the majoritarian "pluralism" which theorizes formulation of a policy through bargaining and negotiation between multiple interest groups (Gilens & Page, 2014).

With respect to abortion policies however, it is evident that under the US electoral democracy, neither the ordinary citizens nor the interest groups have strong influence or substantial power over policy process. Rather, the abortion issue has been utilized effectively by the conservative politicians and interest groups to secure political gain in the U.S. electoral democracy. Once elected, the representative of a constituency in a legislative assembly might be guided by the "trustee principle" leading to the representative voting in line with his/her personal preferences or, by the "party principle," emphasizing follow the will of their political party to make a decision on vote (Esaiasson & Holmberg, 1996; Eulau et al., 1959; Nilsson, 2015; Nilsson, & Lundmark, 2020). Policy makers are likely to make a rational choice to secure personal political gain. Moreover, state legislatures also shift from Republican majority to Democrats periodically which change the political context of policy process within the state on the abortion issue (Tatalovich & Schier, 1993).

Utilizing the Bayesian ideal-point model, Aiken and Scott (2016) revealed in their study how the legislator's position on abortion policy shifted and converged on the issue of abortion and contraception in Texas over the period between 2003 and 2011. The ideal-point model explains how a member of a legislature decides to vote on a policy based on their perceived distance from his/her "ideal point" which is the most preferred form of policy for the respective member (Clinton, Jackman, & Rivers, 2004). Voting pattern of the Texas legislature members over the period between 2003 and 2011 reveals that in addition to his/her partisanship, a legislator's position on family planning issues also influenced their voting decision particularly of the male Democratic legislators (Aiken & Scott, 2016). Changing demographic composition within the states is likely to influence the voting decision of members of the state legislatures. For instance, being the second largest and fastest growing minority group in the United States, Hispanic voters are likely to be an influential factor in the US politics at the state and federal level.

Even though, historically, most of the Hispanic registered voters have been identified with the Democratic party compared to that of the Republican Party (Lopez, Gonzalez-Barrera, Krogstad, & López, 2016), recent data on 2020 US presidential election rejects the assumption of continuous innate support of this population for liberal Democrat candidates (Medina, 2021). It was estimated that, in the 2020 US presidential election, 36% of Latino men voted for Donald J. Trump, which was a 4% increase from the previous election in 2016 (Medina, 2021). Data from Pew Research Center also suggest a similar trend of Democratic Party losing ground among Latino voters; while in 2012, among the Latino voters, 70% identified themselves as affiliated to or leaning toward the Democratic Party, in 2016, it went down to 64% (Lopez et al., 2016).

Change in the voter demographics and their voting pattern are likely to have a significant impact on the politics of reproductive rights of women including policies on abortion and family planning. Survey conducted by Pew Research Center (2021) found 40% Hispanic adults believing that abortion should be illegal—which is higher than the opinion of another ethnic group, the Asians (30%). The Democratic party's expectation of continuous support of the increasing number of immigrants due to their liberal position on immigration might face a challenge in the near future shaping the sociopolitical context of policies on reproductive rights including abortion. The outcome of 2020 Presidential election corroborates this trend. In Texas and Florida, Hispanic male voters contributed to the victory of Republican candidates representing racially diverse districts in several House seats that were expected to be won by the Democrats (Medina, 2021). Abortion policies, therefore, are likely to be shaped not only by the partisanship of the representatives in states and Federal legislatures but also by the politics of diverse constituencies going through continuous demographic changes.

Women's rights, the issue of gender equality, and access to reproductive right and health care are at risk due to the policy initiatives taken by pro-life advocates. The implications of restrictive policies can be speculated impacting reproductive health and lives of women, particularly of minority and color, and of the low-income group. Access to abortion is, and should be, considered as a basic component of social development with a view to provide women with opportunities to advance and maximize the capabilities they have.

Implication and Conclusion

Overturning the Roe v. Wade ruling of 1973 by the Supreme Court is historical. It will affect the lives of millions of women and their families, particularly women of color and marginal groups. In such a context, bringing a change in the abortion policies of states and understanding the socioeconomic and political context of the abortion policy of the states is more important than ever. Anti-abortion movements across the states propelled by the conservative groups have gained momentum, particularly after the presidential election of 2020. In 2021 itself, more than hundreds of abortion restrictions have been enacted across the states, including the infamous and controversial *Texas abortion law*—also known as "Senate Bill 8" (SB-8) banning abortion as early as at 6 weeks of gestation—identified as the most restrictive law in the nation (Feuer, 2021; Nash, 2021). Advocates of anti-abortion movements have been steering the conservative political forces across the states utilizing conservative religious values—an established strategy, and taking an aggressive and hostile approach to restrict women's access to abortion.

Texas SB-8 would be the pioneer to involve "private citizen" by offering cash bounty for suing anyone who they believe might have been involved in "aiding or abetting" an abortion (Simon, 2021). Conservative states have been developing and implementing targeted regulations for abortion providers for decades;

however, enforcing regulations through engaging ordinary citizens is a strategic shift of the anti-abortion camp utilizing a manipulative scheme. After the Supreme Court's historic decision in June 2020, SB 8 remains in effect in Texas. Due to this verdict, it is anticipated that nearly half of the states will ban abortion or impose strict regulations to perform and/or have an abortion, such as in Mississippi and Florida abortion is likely to be banned after 15 weeks of pregnancy (Gerstein et al., 2022).

In such a context, it is very important to identify and understand the effects of embedded sociopolitical and economic factors influencing the abortion policies and consequently reproductive health on millions of women. Because of its strong impact on reproductive health of women, abortion policies would have a colossal impact on social work practice and lives of clients, particularly of women of color and minorties. For millions of women of marginal populations, limiting access to abortion and consequent unwanted pregnancies would pose a threat to secure economic autonomy and other life opportunities such as education. Parents who are not prepared to take a child or another child, regardless of their status as single or couple and/or sexual orientation, are likely to face financial challenges and consequent social and ecological difficulties in their lives.

One of the important implications of this study is that we sought to underscore the influence of political climate of the state on abortion policy—represented by the variable of state's electoral college endorsement in presidential election. This variable revealed significant association with the abortion policy score, and the differences between the groups of states in terms of policy score was also found statistically significant. This observation underscores the influence of political party on social, legal, and environmental policies which is consistent with findings of prior studies (Gershtenson, Smith, & Mangun, 2006; Sakei, 2019). Like other social and legal policies, abortion policies of states reflect choice and perspective of the constituency's voters who are becoming more "ideological" and shifting toward either "conservative or liberal extremes"—as noted by scholars (Brewer, 2013; Sakei, 2019). It is evident from the findings of current and prior studies that without the support of liberal voters, change in the abortion policies through state legislatives would be difficult.

We found blue states with more supportive abortion policies compared to that of the red states, and two-third of the states with neutral policies were identified as blue states—this implies the importance for continuing advocacy for reproductive rights, particularly during the electoral campaigns in the red states. Based on the policy score given by the Guttmacher Institute, in the 2021, only half of the 50 states had supportive policies—which reflects limitations in the existing policies across the states. Advocacy strategies should focus on depicting abortion as an integral aspect of reproductive health and reproductive right, rather than a moral or ethical issue.

Supreme Court's controversial decision of overturning Roe vs. Wade gives individual states the power to make its own abortion laws. It is anticipated that about half the states will outlaw or severely restrict abortion due to this ruling.

Social workers practicing in these states are likely to face the challenges posed by nonsupportive or restrictive abortion laws. Women living in states with restrictive laws will have difficulty in having an abortion due to various barriers such as lack of abortion coverage by their health insurance. Clients may need to travel to other states where abortion is legal—which might not be an easy and affordable option for all.

Agencies or programs serving such areas may need to facilitate transportation or financial assistance for their clients needing such support; however, state law might criminalize such assistance as exemplified in Texas SB-8. Due to new restrictions, abortion will be more costly. For many, it might be unaffordable causing unwanted pregnancies for many clients who would need resources and support. Practitioners should be well informed about the difficulties and barriers the clients might face; agencies should develop strategies to provide clients with resources they need within and surrounding states.

Based on the findings from the current study, future research may focus on identifying other socioeconomic and political factors influencing abortion policies within a state. Further study is needed to assess the impact of policies on abortion-related outcomes and other reproductive health indicators. Qualitative studies should focus on understanding the living experiences of impact of policies on clients and their families. Finally, a longitudinal study could be conducted to understand the change in the nature of abortion policies across the states along with the change in states' demographics, and other socioeconomic and political variables. Research is also needed to understand the impact of abortion policies on women and families of different cultures.

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