

Welfare 'Family Cap' Law Unknown to Many

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WASHINGTON — Many current and former welfare recipients in New Jersey are not aware that their welfare payments do not increase if they have more children, but they also say that the rule would not affect their family planning decisions, Hannah Fortune-Greeley said at the annual meeting of the American Public Health Association.

New Jersey is 1 of 24 states that have a so-called "family cap" law, which states that women who have additional children while receiving Temporary Assistance to Needy Families (TANF) benefits will not have their benefits raised. The law is designed to discourage TANF recipients from having more children at a time when they don't have the means to support them.

When asked whether the cap would influence future decisions about childbearing now that they were aware of it, three-fourths said that it would not.

In this pilot study, Ms. Fortune-Greeley, a graduate student at Columbia University School of Public Health, New York, and her colleagues interviewed 32 female current and former TANF recipients in New Jersey. Of those interviewed, 9 were black, 12 were Latino, 9 were white, and 2 were biracial. Respondents' average age was 31, and they had an average of 2.4 children. Seven did not have a high school diploma, and 14 were married. Seventy-five percent of recipients had some form of health insurance.

Slightly less than half the respondents reported that they were using contraception, and one-third of those said they were doing so primarily to prevent STDs.

Slightly more than half had had at least one abortion. The average number of abortions per recipient was 2.8; the highest number was six. Reasons given for having abortions included being in an abusive relationship, being an incest victim, and spacing children.

When asked whether they were aware of the family planning cap, only two respondents said they were, and neither of them could describe it accurately, Ms.

Fortune-Greeley said.

When asked whether the cap would influence future decisions about childbearing now that they were aware of it, three-fourths said it wouldn't influence them at all. "Many of them were absolutely incredulous that we would even suggest there was a connection between governmental policy and how they would plan and form their families," she said. The majority of the women said the policy wouldn't affect their use of contraception. "They said children

were a blessing regardless of government policy," Ms. Fortune-Greeley said. As to what would happen if they became pregnant while on TANF, almost all respondents said they would keep the baby; two said they would give it up for adoption.

"In terms of actual communication [in] department of social services offices, there's clearly a need for better communication of the policy to clients," she said, adding that right now, "the policy doesn't appear to appear to be impacting women's

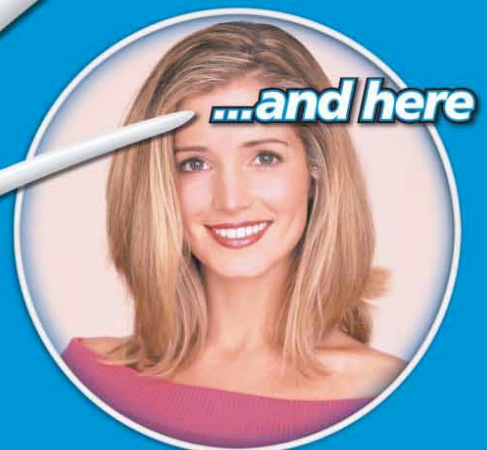
reproductive decision making."

The policy "does not work as intended," Ms Fortune-Greeley said.

"It's not encouraging women to limit their fertility or to use more effective contraceptive methods, yet women are still subject to it. They're having more children without receiving this incremental increase, and it is posing additional economic hardship on already poor families. All of us know the potential health risks that poses," she said at the meeting. ■

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