



REPRODUCTIVE ACCESS AND
WOMEN'S ECONOMIC SECURITY:

A POLICY PRESCRIPTION FOR OHIO

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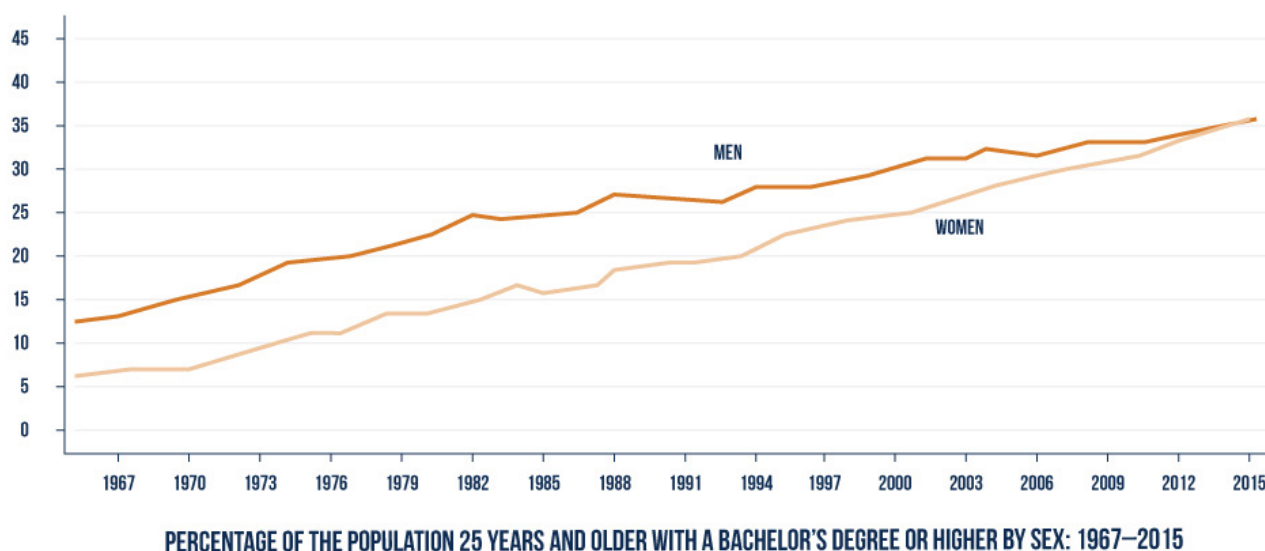
ANY PROACTIVE POLICY AGENDA FOR WORKING FAMILIES SHOULD RECOGNIZE THE CONNECTION BETWEEN REPRODUCTIVE ACCESS AND ECONOMIC SECURITY, WHICH IS ITSELF A VITAL PRECURSOR TO FULL EQUALITY FOR WOMEN AND THE ECONOMIC HEALTH OF OUR STATE.

SINCE THE ADVENT OF RELIABLE AND AFFORDABLE BIRTH CONTROL AND LEGAL ABORTION, THE ROLE OF WOMEN IN AMERICA'S WORKFORCE HAS DRAMATICALLY CHANGED, OPENING UP VAST NEW OPPORTUNITIES AND GREATLY IMPROVING THE ECONOMIC LIVELIHOODS OF WOMEN AND FAMILIES.

Over the past half century, the average age of first-time mothers has slowly but steadily increased, thanks to a new safe, reliable method to control when and whether to have children. In 1970, the mean age of women upon the birth of their first child was 21.4, but that had climbed to 24.6 by 2000.¹ Today, women are typically waiting until 26.4 years before having children.² For the first time ever, the birthrate among women in their early 30s now exceeds that of women in their late 20s.³ Ohio trends have generally followed those at the national level, with the mean age of first birth rising by 3.4 years between 1970 and 2006.⁴

Delaying childbearing and delaying marriage are happening at a comparable rate. In 1970, the average age of a first-time bride was 20.8 years. In 2015, that had risen to 27.1.⁵

In 1967, just eight percent of women age 25 and older held a bachelor's degree, compared to 13 percent of men. In the following decades, the gap has been completely closed, and women are actually slightly more likely to hold a four-year degree than men, as shown in following chart.⁶



In 1970, women made up just 38.1 percent of the U.S. workforce. Today, they represent nearly half – or 46.8 percent of the civilian population who are employed or actively looking for work.⁸

Not only have women increased their role in the workforce, they are now earning more when adjusted for inflation and hours worked. In 2014 dollars, women have seen their incomes grow by \$10,700 compared to what they earned in 1970.⁹

As women's earnings have grown, so have those of American families. In inflation-adjusted dollars, the typical family in the U.S. today earns \$72,707, compared to \$54,446 in 1970.¹⁰ Family structures are changing, too. Today, mothers are the sole, primary or co-breadwinner in 68.1 percent of Ohio families.¹¹

THERE IS A WELL-ESTABLISHED CONNECTION BETWEEN CONTROL OVER REPRODUCTION AND ECONOMIC WELL-BEING OF WOMEN.

AFFORDABLE ACCESS TO BIRTH CONTROL CAN INCREASE WOMEN'S ECONOMIC WELL-BEING

The ability to control when and whether to become a parent plays an essential role in determining the educational attainment and earning potential of women. A range of research has helped to establish this connection between contraception access and economics.

It is self-evident that young women with access to reliable birth control are more likely to delay childbearing. A natural consequence of that delayed childbearing is a corresponding delay in the age at which the typical woman gets married. As noted previously, like the age of first birth, the age women are getting married in the U.S. has steadily increased since the birth control pill became widely available in the 1960s. Over half of U.S. women born between 1941 and 1949 were married by age 23, but only 30 percent of women born in 1957 (who

would have turned 18 in the mid-1970s) were married by 23.

AS CONTRACEPTION AND ACCESS TO LEGAL ABORTION ALLOW WOMEN TO DELAY MARRIAGE AND CHILDBEARING, WOMEN ARE ABLE TO STAY IN THE WORKFORCE LONGER AND ADVANCE IN THEIR CAREERS BEFORE (OR INSTEAD OF) STARTING A FAMILY.

Indeed, studies have confirmed that, by allowing women to delay marriage and motherhood, access to birth control corresponds to increased college and career attainment. Reflecting how a lack of birth control can affect educational progress, the National Conference of State Legislatures recently reported that over half of women who become parents in their teen years fail to receive a high school diploma by age 22.¹²

The relationship between contraception access and educational attainment extends to higher education as well. In one longitudinal study of U.S. women, researchers compared various life outcomes of women who came of age in the 1960s and 1970s in states with different ages of consent for contraception access. The researchers found that the use of the birth control pill led to a 1.7-point increase in the share of women working in professional occupations that was observed from 1970 to 1990, out of a total five-point increase among women overall. Access to legal and safe abortion access contributed a similar share of the overall growth, suggesting that abortion access and contraception access have a similar and substantial effect on women's ability to complete their education and advance in their careers.

One also observes a sharp spike in enrollment by women in professional programs (medicine, law, dentistry, and business) around 1970, coinciding with increased availability of birth control for young women (the age of majority was dropped from 21 to 18 in most states after the enactment of the 26th Amendment in 1971).¹³ Compared to 1970, when only five percent of attorneys were women, in 1980 women made up 14 percent and, by 2000, represented 30 percent of the profession. Other occupations saw similar increases.¹⁴

The impact of contraception access on women's educational attainment has a direct economic consequence. According to the Bureau of Labor Statistics, the median woman over the age of 25 without a high school diploma earns \$415 per week (\$21,580 annually). The median woman with a high school diploma earns \$596 per week (\$30,992 annually). With a college degree that increases to \$1,006 per week, \$52,312 annually).¹⁵

In one groundbreaking examination, researchers at the University of Michigan found that women who had early (by age 18) access to the pill in the 1960s and 1970s earned eight percent more, on average, by the 1990s than those without early access (age 21 or later). This represents about one-third of all the gains in wages women experienced during that time. The wage increase found among study participants with early access to birth control was found to have been due to a combination of more education and work experience.¹⁶

Another stark reminder of the importance of contraception for a woman's earnings potential is the connection between a lack of contraception access and poverty and teen mothers are more likely than their peers to live in poverty.¹⁷

A LACK OF ACCESS TO SAFE AND AFFORDABLE ABORTION CAN PUSH WOMEN INTO POVERTY

Like contraception, access to affordable and safe abortion is necessary for women to achieve full economic equality. Studies have shown that women seeking abortion are far more likely to be struggling financially, which can present barriers to accessing a procedure that is in itself expensive and not typically covered by insurance. Failing to obtain an abortion, due to lack of access or lack of funds, can add to a woman's already dire financial circumstances.

According to the Guttmacher Institute, three-quarters of women seeking abortions are economically disadvantaged. These women are most likely to be in their 20s, have other children at home, and are overwhelmingly likely to be unmarried. In one recent study, nearly 70 percent of the women who obtain abortions fall below 200 percent of the federal poverty level, and in one study, two-thirds of women seeking an abortion were living below the poverty level.¹⁸

WOMEN WHO ARE DENIED AN ABORTION ARE THREE TIMES MORE LIKELY TO LIVE IN POVERTY TWO YEARS LATER.

For these women, having another baby could make or break them financially. Not surprisingly, then, two of every five women who seek to obtain an abortion cite “not feeling financially able to support a child” among the reasons for their decision.¹⁹ The connection between access to abortion services and economic security is made more stark when looking at what happens when a woman’s efforts to get an abortion are denied. A study of women who sought (and in some cases, were denied for a variety of reasons) legal abortions showed that those turned away were three times more likely to live in poverty two years later, compared to women of similar earning potential who were successful in obtaining an abortion.²⁰

Women with limited means facing an unplanned pregnancy are damned if they do and damned if they don’t. Abortions themselves are expensive, and medically-unnecessary state legislative restrictions to abortion care have added to the cost of accessing the procedure. One analysis found that women whose insurance did not cover abortions paid an average amount of \$575 for the procedure.²¹ For the median Ohio woman, this represents nearly one-fifth of her monthly pre-tax income. For a woman living in poverty (earning below \$12,060 in 2017²²), the procedure would require her to pay 57 percent of her take-home pay. To fund their abortions, many women report skipping payments for rent, food or electricity payments.²³ Without needed funds, women may delay abortion care, increasing the cost of the procedure or requiring additional travel.²⁴

An unplanned pregnancy resulting from a lack of birth control or abortion services can upend the financial stability of a family. At an annual cost of \$9,000 to \$25,000, children are more expensive than abortions, with the cost of childcare exceeding 30 percent of the salary of families living in poverty.²⁵

WORKPLACE SUPPORTS ALLOW WOMEN TO STAY IN THE WORKFORCE DURING PREGNANCY AND AFTER CHILDBIRTH

Unlike for much of the 20th century, choosing to start a family no longer means a woman typically exits the workforce. Families headed by two working parents or single moms are increasingly common, and the 1993 passage of the Family and Medical Leave Act means that for many women, their jobs will still be there after they take time away to care for a new baby. That doesn’t mean that all is well in the workplace for pregnant women and new mothers.

Despite data showing that most women return to work within a short period of time after giving birth, women still face gender-based stereotypes about pregnancy and childbirth in the workforce based on long outdated notions that women will leave employment after having children. Certain blatant practices, such as passing over applicants for being pregnant or likely to become pregnant, are illegal forms of sex discrimination thanks to the 1978 Pregnancy Discrimination Act, but cases can be difficult to prove. Today, U.S. women continue to report workplace discrimination in high numbers, with about one-third of these cases resulting in job loss, and corresponding loss of income and health care benefits.²⁶ Clearly, lack of workplace protections can mean real economic consequences for women and their families.

Benefits provided in the workplace can mitigate the effect of income disparities by allowing women to continue working and earning an income to support themselves and their families. While a wide range of factors contribute to women's decreased earnings potential after having children, research on the impact of family policies on women's wages in 22 countries found two factors highly correlated to whether women can avoid the motherhood penalty: access to affordable childcare and paid family leave.²⁷ These two workplace policies allowed women to stay in the workforce, preserving their incomes and avoiding gaps in their work histories that they would have otherwise experienced after childbirth.

OHIO WOMEN STILL SUFFER FROM PERSISTENT INCOME INEQUALITY

In 2016, Ohio women, on average, earned just \$.77 for every dollar earned by their male counterparts. This gap is far worse for women of color. A woman, working full-time, year-round earned \$38,750 during the year, compared to \$50,227 earned by men.²⁸ This is a slight improvement over the previous year, when women earned 75 percent of what their male counterparts took home, but the data indicates that wage inequality still represents a significant barrier to full equality for Ohio women.

This persistent inequality matters to women, their family and Ohio's economy as a whole. Compared to the 1960s and 70s, women's role in the workforce has changed, as has the makeup of family households. As noted before, over this period of time, women were more and more likely to work outside the home. Nationally, women as a share of the workforce grew from 30 percent in 1950 to 47 percent in 2000.²⁹ In Ohio, women today represent over 48.2 percent of the civilian employed population.³⁰

As women became more likely to work outside the home, there was a decline in marriage rates, leaving more women serving as the sole breadwinner for their families. In 1974, 84 percent of family households were headed by a married couple, compared to just 65.5 percent in 2015. Over the same period, the number of families with children headed by a single mother increased from 14.6 to 26.4 percent.³¹

These trends have combined to make the earnings of women more important to family finances. As noted before, 68.1 percent of Ohio families rely on a woman's income to make ends meet. Today married women contribute 37.3 percent of the family income when both spouses work, up from just 26.6 percent in 1970.³² At the same time, a decline in married couple households has resulted in more families headed by a sole female breadwinner. And the persistent earnings gap means that a growing share of Ohio families are getting by with less than they should.

WHAT CAUSES THE PERSISTENT INCOME GAP?

There are many causes of the persistent gender wage gap. One of the main drivers is that the occupations held by women are typically lower-paying.³³ This is a broad societal question and one that cannot be addressed until we properly value and reward care-giving work. There is also discrimination and lack of transparency in pay differentials and differences in negotiating styles.

One large factor driving the gender wage gap has been shown to be women's relative lack of work experience compared to men, estimated to contribute 10 percent of the overall pay differential.³⁴ This lack of work experience can arise when women delay or take time off from their careers to care for young children or ill families members. It can even be a self-reinforcing problem when women earn less than men and therefore are more likely than their male partners to leave the workforce to care for a child or sick relative in order to preserve the larger of a household's two incomes.

Another factor that leads to the wage gap is access to higher education. An examination of the gender pay gap found that educational attainment makes up seven percent of the overall gender pay differential³⁵

Motherhood is another critical driver of gender pay differences. According to The National Women's Law Center, mothers earn less than fathers in every U.S. state.³⁶ Mothers lose approximately four percent of their wages for each additional child they have. But the effect is even more pronounced for women working in low-wage jobs, who were found to pay a six-percent per-child earnings penalty.³⁷

OHIO LAW FALLS SHORT OF FULL REPRODUCTIVE ACCESS FOR WOMEN.

RELIABLE AND AFFORDABLE BIRTH CONTROL REMAINS UNAVAILABLE TO MANY

Sexual education programs taught in Ohio schools are required to stress abstinence before marriage and are not required to include any content about contraception. Further, Ohio allows parents to opt their child out of HIV and sex education.³⁹ This combination of policy choices could lead to a higher than necessary rate of unintended pregnancies. In 2010, 55 percent of all pregnancies in Ohio were unplanned, compared to just 45 percent of pregnancies in the United States as a whole, according to research by the Guttmacher Institute.⁴⁰

The Affordable Care Act, enacted into law in 2010, mandates that women covered by plans issued on health insurance exchanges have access to all FDA-approved forms of birth control without out-of-pocket costs. However, 17 percent of workers are insured by employer plans that are grandfathered and are not required to follow this requirement.⁴¹ And 14 percent of Ohioans remain uninsured even after the law's passage.⁴² These two factors combined suggest as many as a third of Ohio women may be lacking coverage for contraceptive services and products.

Unlike 26 other states, Ohio does not have contraceptive equity laws.⁴³ Contraceptive equity laws ensure that insurance policies with a prescription drug benefit must cover all FDA-approved contraception with co-pays comparable to other prescription drugs. While Ohio requires Health Maintenance Organizations to cover "family planning services," it does not appear to have interpreted these laws to require coverage of "contraceptive drugs and devices."⁴⁴

LEGAL, SAFE AND ACCESSIBLE ABORTION

In Ohio, a number of barriers have been constructed to make legal, safe and accessible abortion out of reach for many women. Women must visit a clinic twice, waiting 24 hours between visits,⁴⁵ often to a clinic miles away from home, requiring time away from work, arranging child care and transportation. Medicaid, public sector insurance, and even private insurance plans purchased on the ACA marketplaces may not be used to pay for abortion services, which in Ohio typically cost from \$400 to \$800 or more.⁴⁶ That does not include the cost of missed work, transportation, lodging and childcare. This can represent half of a woman's monthly income or more. Ohio has an additional requirement that women must obtain an ultrasound procedure prior to obtaining a legal abortion, adding to the cost of the procedure.⁴⁷

Between 2010 and 2011, medication abortions declined from almost 21 percent of total abortions to only five percent. This rapid decline is due, in part, to the Ohio legislature's insistence that Ohio follow "outdated FDA protocol rather than the newer evidence-based protocol for medication abortions". The updated, evidence-

based protocol (released by the FDA in 2016) necessitates less mifepristone (200 mg rather than 600 mg), fewer visits to the doctor, and extends the timeframe in which the medication may be used until 70 days - all changes that would improve women's access to (medical) abortions.⁴⁸

Restrictions enacted into law since 2011 that mandate clinics have a transfer agreement with local hospitals and prohibit public hospitals from entering such agreements⁴⁹ have led to the closure of nearly half the state's abortion clinics, greatly increasing the chances a woman may have to travel to another region of the state or out of state in order to end her pregnancy. Today, 91 percent of Ohio counties have no local abortion provider.⁵⁰ In 2014, some 93 percent of Ohio counties had no clinics that provided abortions, and 56 percent of Ohio women lived in those counties.⁵¹

As the rate of abortions has slowed in Ohio, Michigan has seen an increase, suggesting the closure of clinics in the Toledo area has resulted in Ohio women crossing state lines to obtain the procedure. There is also evidence that these changes are resulting in a delay in accessing care. Compared to 2008, before these legislative restrictions were passed into law, in 2014, fewer abortions took place prior to nine weeks of pregnancy while increases were observed in the number of later-term abortions (between nine and 18 weeks).

Ohio law continues to trend in the wrong direction. This year, the Ohio Senate voted to pass a bill that would prohibit the use of the most-common method for second-trimester abortions. This measure, as well as proposals to prohibit abortions after a Down Syndrome diagnosis and another that would ban all abortions after a fetal heartbeat can be detected, are currently pending in the Ohio House.⁵²

WORKPLACE SUPPORTS FOR WOMEN BEFORE AND AFTER GIVING BIRTH

Ohio law provides no additional rights or protections for new and expecting parents beyond what exists in federal law.⁵³ While a woman cannot be fired or have her work assignment changed simply due to being pregnant, employers can refuse to make basic accommodations for pregnant women. Twenty-two states and the District of Columbia have enacted pregnancy nondiscrimination laws that require reasonable accommodations (such as sitting vs. standing and more frequent restroom breaks) for pregnant women,⁵⁴ and 28 states and D.C. have protections for breastfeeding mothers in the workplace,⁵⁵ Ohio has no such laws on the books.

Despite its positive relationship with workforce attachment and earnings, for many women paid leave for childbirth and caring for a newborn remains out of reach. The 2017 National Compensation Survey indicates that just 15 percent of the civilian workforce receives any paid family leave benefits. Another analysis found that just over half (50.8 percent) of women received any form of paid leave (which can include sick, vacation, maternity and many other forms of paid time off) prior to or after the birth of their first child, and just 35 percent of new mothers reported taking paid time off after childbirth.⁵⁶

Ohio is not among the small but growing group of states that offer a statewide insurance pool, funded through small payroll contributions, to fund up to 12 weeks of paid family leave for participating employees. State employees and municipal workers in a growing number of cities are eligible for partial-pay during a short (typically 4-6 weeks) period after the birth or adoption of a new child. Ohio law does not require that private employers provide workers with a way to earn paid sick leave.

Quality childcare is unaffordable for many Ohio families. The average cost for infant care is \$8,977 per year, only five percent less than the average cost of in-state college tuition.⁵⁷ Subsidies for childcare are available, but limited to very-low income families and not accepted by many private providers. A child and dependent care tax credit is income-limited and small.

HOW PUBLIC POLICY CAN HELP

In decades past, women tended to exit the labor market after having children. Thanks to the advent of birth control and legal abortion, women can delay or plan these exits from the workforce and minimize the disruption to their careers, which explains many of the above-noted increases in women's labor force participation, educational attainment, and earnings levels over the past half century. But a gap still exists, which means the growing share of families with a female primary or sole breadwinner are getting by on less than they should as a result. Many of these families are living in poverty.

To ensure full economic equality for women, public policies must ensure that a woman can fully participate in education and the workforce without her gender getting in the way. That means women must be afforded the ability to decide, without financial barriers, when and whether to have children. Schools must teach comprehensive, age-appropriate sex education to reduce the number of unplanned pregnancies among teens and young women. It also means that workplace policies should accommodate women before and after childbirth such that they are not forced to leave the workforce for lack of support.

Policies to ensure access to affordable childcare and job-protected paid family leave (to care for a new child or sick relative) could help to further reduce income disparities by allowing women to minimize gaps in their work history, stay attached to their employers and maintain their level of work experience and earnings.

POLICY RECOMMENDATIONS:

- Ensure comprehensive access to contraception through public and private insurance
- Institute age-appropriate, comprehensive sex education classes
- Remove hurdles and unnecessary costs for women seeking to access legal abortion care
- Institute a paid family leave program and expand public childcare options to serve more families

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