The County Level Effects of Family Planning Programs on US Presidential Elections

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Abstract

From 1965 to 1973, the first federally funded family planning programs were introduced across the United States. Given the contemporary politicization of family planning policies, I examine whether the rollout of these programs affected county-level voting behavior. Using a Two-Way Fixed Effects approach, controlling for both county and election-year fixed effects, I find no statistically significant impact of family planning programs on Democratic vote shares in the 1968 and 1972 presidential elections. Furthermore, there is no evidence that counties previously polarized toward either democrats or republicans responded differently to the introduction of these programs. These findings suggest that early federal family planning efforts did not directly influence electoral outcomes during this period.

1 Introduction

Federally funded family planning programs in the United States have historically sought to help families achieve their desired number of children and better control the spacing of their births (Butler and Clayton 2009). While these were relatively large goals, programs such as the Economic Opportunities Act and Title X largely succeeded in achieving them under widespread bipartisan support. Results such as Bailey (2012) show that counties that received federal family planning grants were found to have statistically significant reductions in fertility, reducing childbearing among poor women by 19 to 30 percent. Often, these programs achieved these goals by funding community clinics that provided counseling, contraceptive services, and treatment for STDs (Butler and Clayton Chapter 2, 2009). In the 21st century, however, the political landscape regarding family planning services has largely changed. For example, Aiken and Scott (2016) found that from 2003 to 2011, the politics of abortion and family planning in the Texas House of Representatives became much more closely intertwined.

While Title X and the Economic Opportunities Act have never federally funded abortion services, they have historically provided grants to clinics that also provide abortion services in conjunction with their standard family planning programs. This association could explain how the politics of abortion, contraception, and family planning became intertwined. However, this association has always existed ever since the inception of the program and raises the question of whether or not these programs could have driven political responses.

While a substantive literature has examined the politics of family planning, no research has looked at the effects of family planning on electoral outcomes.

Instead, much of the research has focused on the politics of family planning from a policymaker perspective in a qualitative sense. These include May (2017), who looked at the relative reluctance of policymakers to introduce family planning in Sub-Saharan Africa, and Shiffman and Quissell (2012), who examined donor financing for family planning. This leaves a clear gap to study electoral outcomes with a quantitative, causal-based analysis.

In order to estimate the effects of the family planning programs on political attitudes during the time of their inception, I use the gradual circulation of federal family planning grants throughout the United States to generate the causal effect of family planning programs on presidential vote shares. These presidential vote shares serve as a proxy for how voters reacted to the program at the time and whether they had a significant effect on their lives. In order to estimate the causal effect, I make use of a Two-Way Fixed Effects (TWFE) model exploiting the differential treatment timing of the program across counties, with the key assumption that treatment timing is as good as random—an assumption that I verify. I also use a similar model to examine whether more Republican-leaning or Democratic-leaning counties had differing effects.

Using these models, I find no significant effect of federally funded family planning programs on presidential vote shares in the 1968 and 1972 elections. These results are robust to the inclusion of socioeconomic controls and allowing the effects of these controls to vary over time. In my preferred specification, I also generate a precise null effect, with the estimated effect ranging from a 1.75 percentage point decrease in Democratic vote share to a 1.10 percentage point increase in Democratic vote share with 95 percent confidence. In conjunction with this, I find that past Democratic vote share in previous elections has no

bearing on how a county responds politically to a family planning grant. These results provide key insights into how federal family planning was perceived by the public at the time of its inception.

In Section 2, I lay out some of the political and theoretical context regarding federal family planning in the 1960s and 1970s that may help readers gain a better understanding of the issue at the time. In Section 3, I outline my data sources, collection methods, and provide key summary statistics. In Section 4, I detail my empirical strategy. In Section 5, I present and discuss my results. I conclude in Section 6.

2 Background

The 1960s marked a time period of rapid change for the US public's views on contraception. While contraception remained a taboo topic and illegal in many places, a 1965 poll had found that 80 percent of Americans agreed that it should be legal to distribute birth control information (Swift 2016). This poll demonstrated that a large number of American's at least held a neutral view to birth control, even if the topic was taboo. Enovid, the first FDA approved hormonal birth control pill in 1960 likely played a large part in growing acceptance of discussions around birth control. This was seen in the decision of Griswold v. Connecticut in 1965, which removed a state law banning contraceptive use by married couples, further emphasized the rapidly changing views lawmakers and the public held towards contraceptive use.

Large groups did, however, continue to push back against the growing approval of birth control in the US. The Catholic Church and Pope Paul VI, were perhaps the largest of these groups, publicly affirming the church's stance against

artificial contraception in the Pope's 1968 Humanae Vitae. That being said, a Gallup Poll at the time found that only 14 percent of Americans supported the Pope's stance, and half of American Catholics even believed that the Pope should have revised it (Swift 2016). With such a relatively receptive American public, it is perhaps not too surprising that family planning programs were federally approved.

The first federal funds dedicated to family planning in the United States started with funding under the 1964 Economic Opportunities Act (EOA). These funds provided grants to family planning programs across the United States through their Community Action Program (CAP), and in their largest funded year 1968, provided around 400 million dollars of funding (Bailey). Funding towards family planning programs grew when President Nixon signed the Family Planning and Population Research Act of 1970 (known as Title X) into law. Title X is the only federal grant program in the United States dedicated to providing family planning services, and prioritizes the needs of low income and uninsured citizens. Before being passed to Nixon to sign into law, it passed the Senate unanimously and the House 298 to 32. A large motivating factor in the passing of Title X were fears regarding overpopulation at the time that sparked a desire to curb population growth among policymakers and the public (Bailey 2012).

While the 1968 and 1972 elections did not see family planning become a central issue of either parties campaigns, and both parties did support family planning programs, the framing regarding the issues were quite different in both elections. In the 1968 election, Nixon mainly supported family planning as a method to fight against population growth and poverty. This framing deliberately emphasized the economic side of family planning, making sure to steer clear of moral

arguments regarding contraception that could alienate his base, which had a growing religious component. This was in contrast to Humphrey, who held a more progressive view towards family planning and contraception as more of a social rights issue, arguing that family planning should be designed to serve the needs of the poor (McAndrews 2015).

The 1972 election saw similar framings from both Nixon and McGovern. While Nixon had previously passed Title X, he did not centrally campaign on it in order not to draw away from his "Law and Order" campaign, and emphasized that family planning programs would not violate anyone's religious convictions (McAndrews 2015) (Cheliotis 2024). Family planning was also not a central issue of McGovern's campaign, but did play a larger role in his support for expansion of welfare services such as family planning were very clear. His campaign also made an emphasis on freedom of choice and women's rights, despite not actively supporting abortion (he believed it be left up to the states). Interestingly however, a slogan that stuck as a smear against McGovern's campaign was the phrase "Acid, Amnesty, and Abortion". This phrase, which gained prominence during the campaign largely labeled McGovern as pro-abortion, even if his view was just that the decision be left to the states (Noah 2012). This perhaps influenced public perception of McGovern in a way that made him see much more leftist than he actually was at the time, and affected how voters viewed him and family planning expansions.

2.1 Theoretical Context

Papers such as Kamada and Kojima (2014) provide some theoretical explanations as to when and how politicians may place themselves differently or similarly on an issue. They do this by introducing a probabilistic voting model

that expands on the Hotelling-Downs model. A model where voters are placed along a spectrum for a particular issue and they vote for whichever candidate is closest to them on that spectrum.

In a typical Hotelling-Downs Model, politicians will place themselves at the position of the median voter in order to attract the most votes. This is, however, a bit unrealistic given the fact that candidates do not generally position themselves similarly in real life. To account for this, Kamada and Kojima show that, by expanding preferences issues from a 1 dimensional space to $\mathbf{R}^n$, politicians will adopt divergent platforms under certain conditions. The most important of these is whether or not voters hold convex or concave preferences towards certain issues. In particular, Kamada and Kojima showed that, under sufficiently convex voter preferences, politicians will optimally choose differing political stances for a particular issue. The reason for this is that if voters highly dislike a certain stance on an issue or really prefer a certain stance on an issue, they only gain lots of utility if they are really close to their preferred stance. Kamada and Kojima suggested that issues such as gay marriage and abortion rights are examples of policies that might fall into this "convex" camp.

By studying whether or not family planning programs increased voter shares for a certain candidate, we can ascertain that perhaps the politicians adopted different stances towards family planning or other similar political issues. Meanwhile, if there is family planning programs induced no change in voter behavior, that could suggest family planning would have been a concave issue at the time.

3 Data

Three data sources were used for my analysis. The first was David Leip's Atlas of United States Presidential Elections, which contains county-level vote totals for all major candidates in every United States presidential election (Leip 2022). The second source used was Martha J Bailey's (2012) family planning rollout data, the data set from her replication package was used in order to define the starting dates of family planning programs in a county. In particular, the data set has the date a county first receives a family planning grant from the years 1965 to 1972. This data was compiled by Bailey using federal archives from the Office of Population Affairs. The final source used was 1960 census data compiled by Michael R. Haines in the Inter-university Consortium for Political and Social Research (study 2896) Haines and Inter-University Consortium For Political And Social Research (2005). This data contained demographic characteristics for each county and county-like subdivision such as median family income, race shares, and population density. This data was then merged on FIPS code, the unique identifier for counties and county-like subdivisions in the United States. Counties that did not have election results for any elections were dropped, or counties that did not have basic county data such as land area. This left out many Alaskan county-like subdivisions of dropping total counties from 3244 to 3105.

This cleaning and merging process left county-year observations for each election year from 1948 to 1972, with a total of 653 counties receiving family planning programs from the years 1965 to 1973. The rationale for choosing 1948 to 1972 as the years of analysis are mainly because of events that preceded and succeeded these years. Prior to 1948, there were still a large part of the democratic party that were part of the "Dixiecrat", a states-right segregationist sect of the

democratic party Frederickson (2003). For my purposes, this was likely cloud my results since an underlying assumption in my analysis is that Democrats represent more progressive views than Republicans. The reason for stopping my analysis past 1972 is because of Roe V Wade in 1973, which could have served to change political views regarding family planning dramatically. Since I want to focus on the effects of the program during its inception, this would change the scope of the study. In Table 1, I plot summary statistics of this data for the year 1960 (since 1960 is the year of control data I am using).

Table 1: County Characteristic Means in 1960

	(all)	(never treat)	(treat)	(65–67)	(68–69)	Diff: Treat – Never Treat
Land area 1960 (sq. mi.)	2100.297	2371.156	1083.227	1008.748	1165.502	-1287.929***
						(95.432)
Population (100,000)	1.151	1.077	1.431	2.826	1.189	0.354**
						(0.158)
Population Density	215.835	191.823	305.668	751.927	202.356	113.845***
						(20.554)
Urban Share	32.274	27.381	50.648	62.861	46.238	23.267***
						(2.675)
Nonwhite Share	10.806	10.363	12.469	13.033	13.392	2.106***
						(0.712)
Aged 65+ Share	10.605	10.837	9.733	9.466	9.904	-1.104**
						(0.481)
Median Age	29.140	29.330	28.426	28.866	28.291	-0.904***
						(0.223)
Foreign Born Share	2.182	1.957	3.000	3.455	2.881	1.043**
						(0.425)
Median Family Income	4186.668	4058.799	4665.195	4878.732	4511.872	606.396***
						(88.632)
Years Schooling Age 25+	9.646	9.571	9.926	10.082	9.793	0.355***
						(0.092)
Unemployed Share	5.191	5.099	5.532	5.521	5.558	0.433*
						(0.227)
1952–1960 Dem. Mean	48.957	48.563	50.435	52.753	50.173	1.872**
						(0.811)
Observations	3105	2452	653	123	329	–

Notes: Standard errors in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

It can be seen that counties that received funding for family planning programs differed largely in terms of their baseline characteristics. On average, treated

counties were more populous, more dense, more urban, less white, younger, more foreign, richer, more educated, and more democratic. While treated and untreated counties varied a lot , the counties that did receive family planning were relatively similar regardless of treatment timing. This motivates the decision to use not-yet-treated counties as a comparison group rather than never treated counties due to worries of having other underlying characteristics that were not controlled for that I am missing.

4 Empirical Strategy

4.1 Two-Way-Fixed-Effects Design

I use the following model to estimate the causal effect of federal family planning programs on presidential elections vote shares. I regress democratic vote shares across all 653 treated counties on this model.

$$dem_{ct} = \beta_0 + \alpha_c + \lambda_t + \beta_1 post * treat + \rho X'_{ct} + \epsilon_{ct}$$

(1)

Where

$$post = \mathbf{1}(t > y)$$

And

$$treat = \mathbf{1}(c \in T)$$

Where T is the set of counties that received a federally funded family planning program, α_c is a county fixed effect, λ_t is a time/election fixed effect, $X'ct$ is vector of controls multiplied by dummy variables for each year, and ϵ_{ct} is the error term. It is important to note that *treat* always take 1 in this model specification since I only use counties that had received a family planning program. Another important thing to note is that I allow the effect of the control vector to vary over time. So even though only 1960 controls are being used, they can have varying effects depending on the time period.

4.2 Threats to Validity and Assumptions

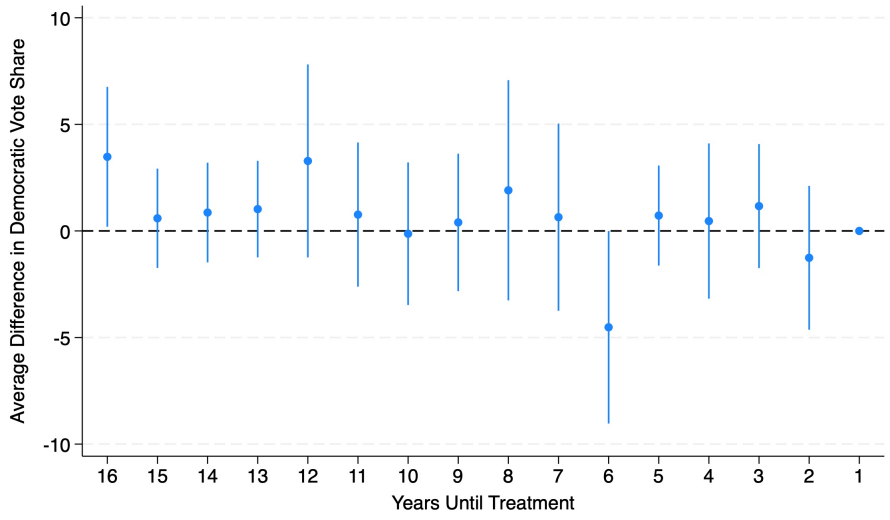
My estimate of β_1 is $\hat{\beta}_1$ and should provide an estimate for the average effect of a county having a family program, as an average across the 1968 and 1972 elections. Two main assumptions are required for this estimate to be valid. The first one is the parallel trends assumption, that is, the treatment group and the control group follow the same trend had they both not been treated. The second assumption is that, conditional on controls, treatment timing is as good as random.

To support my the parallel trends assumption, I plot the average difference between treated counties and untreated counties up to 16 years before the introduction of a family planning program. This is done by running an event study design as Jacobson, LaLonde, and Sullivan (1993) and plotting the coefficients π_y for the following model.

$$dem_{jc,t} = \beta_0 + \lambda_t + \alpha_c + \sum_{y=-16}^{-1} \pi_y \mathbf{1}\{t - T_j^* = y\} + \sum_{y=1}^{7} \tau_y \mathbf{1}\{t - T_j^* = y\} + \mathbf{X}_{c,t}\rho + \varepsilon_{c,t}. \tag{2}$$

Where the terms are the same as in the TWFE specification, and $t - T_j^*$ is the difference in between the year of the election, t, and the year of the family planning program T_j^*. The plots of this specification omitting post treatment years are plotted in Figure 1.

Figure 1: Pre-trend of Treatment and Control Difference



As seen in figure 1, I find that prior to the introduction of a family planning programs, there are no significant differences between the counties that received family planning programs and those that hadn't yet. This provides support to the parallel trends assumption key to my analysis.

I next further verify whether or not treatment timing is as a good as random. A

solid way to do this is to regress treatment timing on controls, if most controls are not correlated with treatment timing it would suggest treatment is as good as random. I plot the results of regressing controls on treatment year below.

Table 2: Balance Test of Treatment Year

	(1) Average Effect on Year of Treatment
Land Area (sq. mi)	-0.000000408
	(0.0000355)
Population (100,000)	-8.91e-12***
	(3.21e-12)
Population Density	-0.000109*
	(0.0000609)
Urban Share	-0.0113***
	(0.00347)
Nonwhite Share	-0.00482
	(0.00498)
Aged 65+ Share	0.0207
	(0.0532)
Median Age	-0.0345
	(0.0362)
Foreign Born Population Share	0.0145
	(0.0285)
Median Family Income	0.000262**
	(0.000121)
Median years Schooling Age 25+	-0.0451
	(0.0898)
Civilian Labor Force Unemployment Share	-0.0258
	(0.0318)
1952-1960 Democratic Mean	-0.0000165
	(0.00644)
Constant	1970.0***
	(0.934)
Observations	634

Standard errors in parentheses and clustered at the county level
* p<0.10, ** p<0.05, *** p<0.01

As seen, only a few of the controls are significantly correlated with treatment year. These include population, urban share, and median family income, this makes sense in the context of the introduction of the Economic Opportunities

Act and Title X. As noted by Bailey (2012), due to the relative "administrative chaos" that marked the beginning of these programs, only much more well funded and populous areas applied and received grants quickly. This lead to relatively random start dates once accounting for this as the programs' were notably disorganized and chaotic in their early days. This provides qualitative evidence to support the assumption that conditional on these covariates, treatment timing was as good as random.

4.3 Heterogeneity Analysis

Given these assumptions, I also run another specification that examines the differing effects of the program depending on the previous vote shares of the counties. Essentially it tracks whether or not highly Republican-leaning or highly Democrat-leaning counties have different effects of family planning programs. The model is given below.

$$dem_{ct} = \beta_0 + \alpha_c + \lambda_t + \sum_{i=1}^{10} \beta_{1_{it}} \lambda_t d_i(margin) + \sum_{i=1}^{10} \beta_{2_i} post \times treat \times d_i(margin) + \beta_3(post \times treat) + \rho X'_{ct} + \epsilon_{ct} \tag{3}$$

Where all previously mentioned previous variables are the same as in the TWFE model and $margin$ is a variable that takes the average of 1948-1964 difference between Democrat and Republican vote shares. d_i is a dummy variable where i goes from 1 to 10 that is 1 if the margin is in the corresponding decile (i.e for d_6 takes value 1 if the win margin is in the 6th decile). This means the first decile would be the most Republican and the 10th would be the most Democratic. From this, the estimates for β_{2_i} provide the average treatment effects for each decile.

5 Results

Table 2 gives the main results of regression equation (1) with varying levels of controls and fixed effects.

Table 3: Effect of Family Planning Programs on Democratic Vote Share (Percentage Points)

	(1) County + Year FE's	(2) (1) + Controls	(3) (1) + Controls Interacted with Year Indicators
Postperiod x Treatment	-0.573	-0.374	-0.324
	(0.915)	(0.899)	(0.729)
1952	-3.810***	-4.279***	-2.703
	(0.767)	(0.742)	(6.356)
1956	-5.310***	-5.818***	-2.303
	(0.709)	(0.678)	(6.280)
1960	-1.058	-1.386**	6.693
	(0.677)	(0.665)	(5.937)
1964	7.410***	7.696***	6.457
	(0.511)	(0.511)	(5.231)
1968	-10.69***	-10.62***	-12.29
	(0.741)	(0.736)	(7.661)
1972	-15.00***	-15.19***	-17.40**
	(1.136)	(1.124)	(7.712)
N	4567	4441	4441

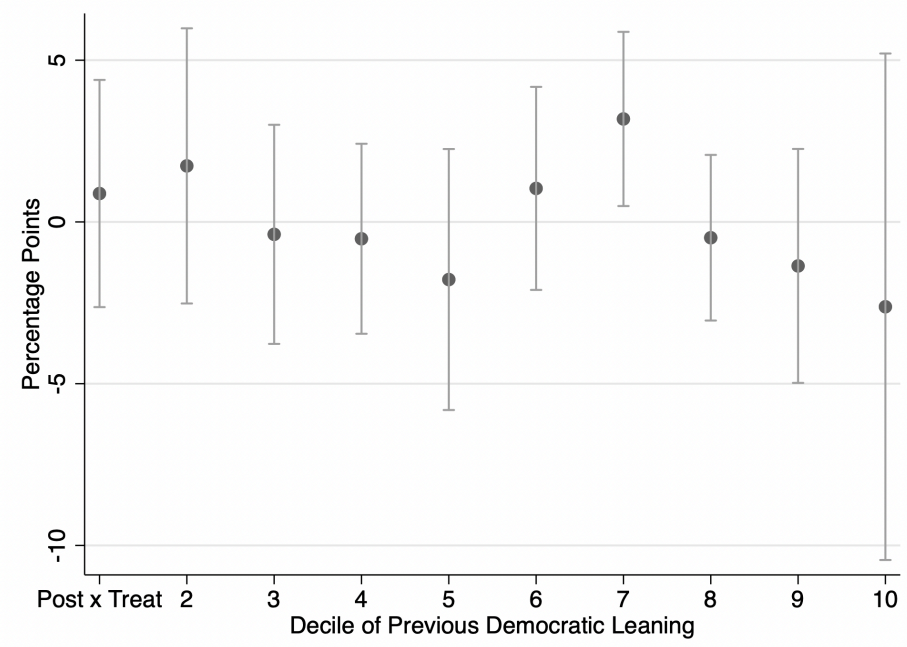
Standard errors in parentheses
* p<0.10, ** p<0.05, *** p<0.01

I find a relatively precise null estimate, with point estimates ranging from a decrease in 0.573 percentage points of democratic vote share to a decrease of 0.324 percentage points. With specifications that allow the controls to vary over time, I find that the estimate moves even more precisely towards 0.

These results could indicate a wide array of things about the effects of family planning programs on presidential elections in the 1968-1972 elections. One hypothesis is that family planning programs in counties themselves don't really affect how people vote because family planning was seen as apolitical at

the time. Another hypothesis is that highly Republican and Democrat counties vote in reverse directions based on the introduction of a family planning grant due to either outrage or support of the grants, and this effect cancels out the average vote. This can be tested by looking at the regression equation (3). I plot the $\beta_{2_i} + \beta_3$'s along with their confidence intervals to estimate the effect of family planning programs on voter behavior in each decile in Figure 2 below. In this case, decile 1 is the least democrat-leaning county and decile 10 is the most democrat-leaning county. I also plot the β_3 in lieu of the full effect of decile 1, since decile 1 is omitted due to multicollinearity and is the reference decile.

Figure 2: Treatment Effects (Percentage Points) By Decile



I find that, with the exception of decile 7, there are not significant effects of treatment for any of the deciles. This result in decile 7 can also likely be ex-

plained by random chance, since we would not expect there to be effects of treatment in the 7th decile without effects in the 10th, 9th or 8th deciles. This provides credit to the hypothesis that family planning programs did not induce a political response even in highly conservative or leftist counties. Another thing to note is that decile 10 had the highest amount of variance in terms of how the counties responded to having a family planning program. It can be inferred from this that counties in decile 10 (highly democrat-leaning) varied wildly from one another, with some counties seeing large upticks in democratic vote share in response to the family planning program but other ones seeing large downswings. Regardless, these results don't seem to suggest that the previous political leaning had any influence on how a county responded to a family planning program.

Important to note are the results in the context of the theoretical framework provided by Kamada and Kojima. A lack of significant effects of family planning grants on voter behaviors suggests that family planning at the time was likely a concave issue. This means that politicians were happy to place themselves closely on the issue and that voters were from both sides of the aisle were content to vote for candidates with similar views on the issue as more divisive issues drove how they voted. This makes sense given what we know about the 1968 and 1972 elections where contraception and family planning took a back seat to issues such as the Vietnam War and the Civil Rights movement.

6 Conclusion

While it may have seemed that in the 60s, family planning and contraception were much more taboo topics than they are today, it seems that at the time of

inception, these programs did not generate political divisions in the way that they do today. The lack of difference in how highly Republican-leaning or highly Democrat-leaning counties highlights the bipartisanship of the issue of the time, and shows us much the political landscape regarding certain issues can change over time.

My paper adds to literature by providing a causal estimate for the effects of family planning programs on voting behavior during the inception of the program. In summary, I find no evidence that federal family planning grants to US counties affected voter behavior at all. These results are robust to the distribution of voters in a county, suggesting that even highly conservative or leftist counties did not change their voting behavior in response to the introduction of a family planning program. To further expand the literature, more work could be done to determine how and when family planning began to converge with other topics such as abortion, and whether the effects of family planning funding differ today in comparison to the 1970s.

Since these programs largely aimed to serve specific groups, another way to expand the literature could be to emphasize groups these programs targeted. In particular, poor women living in urban areas – while family planning may not affect the average person, it is not implausible to think that those affected by the program directly will vote differently. Looking into smaller subsets of people could show how these people differ from the general population, and whether or not family planning being an important aspect of their life can change their political beliefs.

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