



Do parental involvement laws deter risky teen sex?



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ABSTRACT

Parental involvement (PI) laws require that physicians notify or obtain consent from a parent(s) of a minor seeking an abortion before performing the procedure. Several studies suggest that PI laws curb risky sexual behavior because teens realize that they would be compelled to discuss a subsequent pregnancy with a parent. We show that prior evidence based on gonorrhea rates overlooked the frequent under-reporting of gonorrhea by race and ethnicity, and present new evidence on the effects of PI laws using more current data on the prevalence of gonorrhea and data that are novel to this literature (i.e., chlamydia rates and data disaggregated by year of age). We improve the credibility of our estimates over those in the existing literature using an *event-study* design in addition to standard difference-in-difference-in-differences (DDD) models. Our findings consistently suggest no association between PI laws and rates of sexually transmitted infections or measures of sexual behavior.

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1. Introduction

The ongoing and heated debates over federal and state policies that influence access to abortion turn in large part on strongly held normative beliefs. However, the positive evidence on how abortion policies influence risky sexual behavior—particularly among minors—also figures prominently in these discussions. Specifically, over the past three decades, most states have introduced controversial laws that mandate parental involvement (PI) in minors' access to abortion services.¹ Supporters of PI laws contend that these regulations reduce risky sexual behavior among teens because teens realize that they would be compelled to discuss a subsequent pregnancy with a parent.² Such predictions implicitly view teens as

forward-looking decision makers who are aware of PI laws and take the implied costs of discussing a possible pregnancy with a parent into account when making decisions about risky sex. In contrast, one would expect PI laws to have no meaningful effects on risky sexual behavior if teens are generally unaware of these regulations until they become pregnant or if they can circumvent these restrictions by obtaining an abortion in a neighboring state without a PI law.

Several previous studies have engaged this question empirically by evaluating the effects of PI laws on two proximate measures of sexual risk-taking among teens: self-reports of sexual activity and contraceptive use (Levine, 2001; Argys et al., 2002; Levine, 2003) and the prevalence of the sexually transmitted infection (STI) *Neisseria gonorrhoeae* (Dee and Sen, 2006; Klick and Stratmann, 2008). However, mainly due to methodological differences, these studies provide contradictory evidence on whether PI laws have influenced risky sexual behavior among teens. Drawing on multiple (and updated) sources of data, this study seeks to reconcile the disparate findings in the existing literature and to provide new and comprehensive evidence on the association between PI laws and rates of STIs among teens. More specifically, the evidence presented in this study makes three distinct contributions.

First, we explore the robustness of prior findings and we update evidence on whether PI laws have influenced the prevalence of gonorrhea with 10 years of additional data. We emphasize that previous analyses of gonorrhea rates have not engaged the substantive

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¹ These laws require either notifying a parent or securing the consent of a parent. States began introducing PI laws in 1973, soon after abortion was legalized nationwide. Thirty-seven states currently require PI, up from nine states in 1988 (Merz et al., 1995; Guttmacher Institute, 2013).

² As Texas State Representative Phil King, who sponsored the change from a parental notification to a parental consent statute, stated, "I think it will do what [parental notification] intended to do by bringing parents into the decision-making process, and when that happens we'll see a reduction in abortion and in teenage pregnancy" (Associated Press, 2010).

measurement problems with the data that are available from STI surveillance systems. Second, we analyze an entirely different STI, *Chlamydia trachomatis*, among teens and minors. The prevalence of both chlamydia and gonorrhea among teens is a major public health concern (Hampton, 2008). However, chlamydia has a particular appeal in this context because it is roughly 10 times more common among young adults and teens than gonorrhea. In a population-based screening of young adults ages 18–26, 4.2 percent tested positive for chlamydia compared with 0.43 percent for gonorrhea (Miller et al., 2004). Third, we test whether PI laws are associated with changes in sexual activity, unprotected sex, the number of sexual partners and use of the contraceptive pill with data on a nationally representative sample of high school students from the Youth Risk Behavior Surveillance (YRBS) system. Although these data are limited by the number of participating states and years, they provide useful information on a key mediator. A decrease in sexual activity or an increase in condom use associated with a PI law would be a key link in the causal chain to fewer STIs.

2. Abortion access and risky sexual activity among teens

2.1. Parental involvement laws

After the US Supreme Court in 1973 established the constitutional right to terminate a pregnancy by abortion, several states introduced policies regulating abortion access, such as limitations on public funding, mandatory waiting periods, and parental involvement (PI) laws. Twelve states established enforceable PI laws at some point during the 1980s. Over the past two decades, these state-level abortion restrictions expanded dramatically and, currently, 38 states have an enforceable PI law in effect (Guttmacher Institute, 2013). There were periods in several states during which states were legally enjoined from enforcing a PI law. Furthermore, some state PI laws require parental notification only of a teen's intent to have an abortion, whereas other states mandate parental consent.

2.2. Theoretical considerations

There are at least two competing theories about the behavioral response of adolescents to changes in access to reproductive health services. Standard economic models of sexual behavior generally conceptualize abortion as a form of insurance against an unwanted birth (for example, Levine, 2003; Levine and Staiger, 2004). Policy levers that restrict access to abortion, such as PI laws, are viewed as increases in the effective cost of acquiring an abortion. In this framework, forward-looking minors would react to a PI law by either reducing sexual activity or increasing the use of contraceptives (Levine, 2003). Because condoms and birth control pills are the most widely used contraceptive methods among minors, PI laws could increase the use of either or both methods. A reduction in sexual activity and/or an increase in condom use could yield a reduction in STIs.

A competing theory of teen reproductive behavior argues that teens give little consideration to the costs of an unwanted pregnancy when deciding to have sex (Paton, 2006). Under this model, changes in laws that alter the price of accessing abortion services have little effect on sexual activity. It is only after an act of unprotected intercourse or contraceptive failure, when faced with an unwanted pregnancy or with the possibility of one, that teens consider the cost of their behavior. Under this assumption, the introduction of a PI law would not cause a change in teens' sexual behavior. Evidence consistent with this model would be a lack of change in rates of STIs. However, such a null result could also

indicate that PI laws induced greater use of the pill or other hormonal contraception, reducing the risk of pregnancy but without necessarily altering exposure to STIs.

PI laws might also have limited or no effects when information about the abortion restrictions in a state is not readily available to teens. For example, some studies suggest that teens are largely unaware of their state's PI laws (Stone and Waszak, 1992; Blum et al., 1987). PI laws could also have limited relevance because a substantial proportion of teens appear to discuss their pregnancies with a parent in the absence of these regulations. Specifically, Henshaw and Kost (1992) found that 61 percent of minors seeking an abortion in states without PI laws had already told their parents about the procedure. The ability of teens to obtain abortions in nearby states or use the judicial bypass procedure can also be expected to limit the behavioral consequences of PI laws (Cartoff and Klerman, 1986; Blum et al., 1990; Henshaw, 1995; Joyce et al., 2010).

2.3. Prior empirical evidence

These theoretical and practical considerations suggest that the question of whether PI laws have behavioral consequences is, ultimately, an empirical one. Numerous studies evaluated the association between PI laws and abortion and birth rates among teens (Kane and Staiger, 1996; Levine, 2003; Joyce et al., 2006; Colman et al., 2008). However, a link between PI laws and changes in the rates of abortions, births, or pregnancies does not correspond exactly to how PI laws may influence STI prevalence (Ohsfeldt and Gohmann, 1994; Levine, 2003; Colman et al., 2008). If PI laws induce minors to reduce their risk of an unwanted pregnancy, this can be achieved by increasing the use of hormonal contraceptives or switching to a more effective hormonal method. A reduction in STIs, on the other hand, requires that minors either reduce sexual activity or the number (or riskiness) of partners or increase the use of condoms. Thus, a negative association between PI laws and pregnancies or births or abortions would not imply that PI laws reduce the risk of STIs. The relationship between PI laws and the risk of STIs can be determined only by evaluating the effect directly on the prevalence of STIs or STI-related risky behavior such as consistency of condom use.

More direct evidence on this question has come from a study that focuses on the variation in rates of gonorrhea among youth (Klick and Stratmann, 2008), hereafter KS, examined 1981–1998 state-year gonorrhea rates, by race and ethnicity, among all females younger than 20. The study concluded that PI laws led to substantive reductions in gonorrhea rates: 12 percent among white females younger than 20, and 21 percent among Hispanic females younger than 20 but no change among black non-Hispanics. These inferences are based on population-weighted DD specifications that also condition on linear state trends and the prevalence rate among women older than 20, as a way of controlling for general trends in the rate among women younger than 20 in the state (KS, 2008, Table 2). DDD specifications that condition on state-year, state-age, and year-age fixed effects (KS, 2008, Table 3) provide mixed evidence in support of these DD results. Another substantive (and previously unrecognized) source of concern with these inferences is that they are based on the race- and ethnicity-specific gonorrhea rates reported by Centers for Disease Control and Prevention (CDC). As discussed in more detail below, these data have a surprisingly large rate of underreporting. A third concern is that the estimated effects reported by KS are extremely large. Sixty-one percent of minors involve parents or guardians in their decision to have an abortion (Henshaw and Kost, 1992). In a separate survey, 60 percent of minors also report their parents or guardians were aware that they were accessing sexual health services (Jones et al.,

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