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 JOURNAL OF  
**ADOLESCENT  
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Review article

## State Policy and Teen Childbearing: A Review of Research Studies


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Article history: Received April 2, 2014; Accepted November 3, 2014

Keywords: Teen childbearing; State policy; Family planning; Education; Sex education; Abortion; Public assistance

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 A B S T R A C T

Teen childbearing is affected by many individual, family, and community factors; however, another potential influence is state policy. Rigorous studies of the relationship between state policy and teen birth rates are few in number but represent a body of knowledge that can inform policy and practice. This article reviews research assessing associations between state-level policies and teen birth rates, focusing on five policy areas: access to family planning, education, sex education, public assistance, and access to abortion services. Overall, several studies have found that measures related to access to and use of family planning services and contraceptives are related to lower state-level teen birth rates. These include adolescent enrollment in clinics, minors' access to contraception, conscience laws, family planning expenditures, and Medicaid waivers. Other studies, although largely cross-sectional analyses, have concluded that policies and practices to expand or improve public education are also associated with lower teen birth rates. These include expenditures on education, teacher-to-student ratios, and graduation requirements. However, the evidence regarding the role of public assistance, abortion access, and sex education policies in reducing teen birth rates is mixed and inconclusive. These conclusions must be viewed as tentative because of the limited number of rigorous studies that examine the relationship between state policy and teen birth rates over time. Many specific policies have only been analyzed by a single study, and few findings are based on recent data. As such, more research is needed to strengthen our understanding of the role of state policies in teen birth rates.

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**IMPLICATIONS AND  
 CONTRIBUTION**

A review of research suggests that state policies supporting family planning and education are associated with lower teen birth rates, although there is no clear evidence of an association between teen birth rates and policies related to public assistance, access to abortion, or in-school sex education. However, studies are limited, and more research is needed to strengthen these conclusions.

Other than small increases in 2006 and 2007, the teen birth rate in the United States has been declining for more than two decades. Between 1990 and 2013, the birth rate declined by more than 50%, from 61.8 to 26.6 births per 1,000 females ages 15–19 years [1]. Although considerable research has focused on the individual, family, and peer factors that influence teen childbearing over the last 20 years, the role of state policies has received relatively less attention from researchers. In particular, there is limited longitudinal research on the relationship between teen childbearing and state policy. The research that exists focuses primarily on five areas

of policy and expenditures, including family planning, education, sex education in schools, public assistance (specifically, Temporary Assistance for Needy Families [TANF] and Aid to Families with Dependent Children [AFDC]), and abortion.

Although teen pregnancy rates and teen birth rates have followed a similar trend, researchers tend to study teen births, given the greater reliability of teen birth data. A given policy may be associated with lower teen birth rates because it is related to a lower teen pregnancy rate or because it is unrelated to teen pregnancy rates but related to higher teen abortion rates. As such, the reader should not assume that research that finds that a policy is associated with lower teen birth rates necessarily has found that the policy reduces teen pregnancy, although that is one plausible explanation.

Existing hypotheses for why and how state policies could be related to teen childbearing point in different directions. Family

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planning services are intended to provide greater access to contraception and reproductive health services for teens and adults alike, and supporters anticipate that family planning availability will decrease pregnancy and therefore childbearing [2]. Also, teens may be especially sensitive to the cost of contraception, given that they are unlikely to have their own earnings or health insurance coverage outside their parents or guardians [3]. Others argue that the availability of contraception promotes sexual risk taking and thus increases the teen birth rate by increasing pregnancy rates [4]. At an individual level, more highly educated teens are less likely to become teen parents [5]. At a state level, researchers consider whether more generous spending on education and indicators such as higher teacher-to-student ratios are linked to reduced teen births, with the assumption that greater access to, or higher quality of, education will be a deterrent to teen childbearing. Some policymakers contend that more generous or widely available public assistance could be an incentive to have (or at least a reason not to avoid having) children because it provides a financial safety net that insulates people from the costs associated with childbearing. Others argue that public assistance can enable families to provide a supportive environment for their children that discourages early childbearing [6]. Greater availability of abortion services could be linked to higher abortion rates and therefore lower teen birth rates, but others argue that abortion availability encourages sexual risk taking or discourages contraception, thus potentially increasing the teen birth rate (assuming the increase in pregnancy is greater than the increase in abortion) [7]. There is a similar debate regarding sex education. Some argue that teaching teens about safe-sex practices will encourage sexual initiation and experimentation; however, others argue that when teenagers inevitably become sexually active, abstinence-only education is not sufficient to equip teens with the skills and knowledge they need to protect themselves [8]. All of these hypotheses assume that teens' behavior is influenced by the implementation of a policy. However, in the real-world application of these policies, the direction of causality is much less clear—state policymakers often implement policies in response to high teen birth rates in their state as opposed to pre-emptively passing policy to prevent teen childbearing. Although the studies included in this review use statistical methods to account for reverse causality, findings should be considered with this relationship between policy and birth rates in mind.

In each of these policy areas, the relationship between policies and teen birth rates could also reflect other state-level characteristics. For example, states that promote education (through spending and policies) could have cultures and/or economic conditions in which the perceived opportunity cost of early childbearing is high, incentivizing teens to avoid or delay childbearing [5]. Accordingly, it is important for researchers to take into account such differences in their analyses.

## Methodology

This review of the literature was conducted in two phases. First, we used four criteria to identify studies to present the strongest evidence for the relationship between teen birth rates and policy. We identified peer-reviewed studies and working articles that (1) used state teen birth rates as the dependent variable; (2) assessed one or more policies, practices, or expenditures from our five policy areas of interest as a key independent variable; (3) used state-level data for all or nearly all states; and (4) used multiple years of data to allow for policies to be fully

implemented and have the opportunity for impact. We focus on studies that used state-level data because we are particularly interested in the relevance of these conclusions for state policymakers and stakeholders. Additionally, many of these policies are made at the state level and implemented at the state and local level. It should be noted that these analyses only describe relationships at the state level; therefore, the findings should not be interpreted as applicable to a given individual [9,10].

There were two notable exceptions to our criteria. In the education and the sex education policy areas, we identified only two studies for each that met the fourth criteria. For this reason, we included four studies that used a single year of data (cross-sectional studies) in our review of these policy areas, but excluded cross-sectional studies for the other policy areas, all of which had available at least three studies using multiple years of data.

There is a large body of literature that examines public assistance policies, in particular the implementation of TANF and the availability of cash assistance, and teen childbearing before the Personal Responsibility and Work Opportunity Act of 1996 (welfare reform). However, because the structure of welfare changed dramatically in the years leading up to and following welfare reform, we excluded those studies examining public assistance that used only pre-welfare reform data, with the rationale that more recent policies are more relevant to today's policymaking decisions. Several of the studies included in this review use data from both before and after TANF implementation.

Overall, 13 studies are included in this review. Many studies examine multiple policy areas, and all studies control for at least some state and demographic factors in their models, such as poverty levels, average income, and racial composition. Four studies only analyze results by subgroup (such as white and nonwhite teens), offering insight into the impact of these policies on specific populations, rather than the population as a whole. It is important to note that the studies included in this review reveal associations, rather than causality. Although many studies use sophisticated statistical methods to capture the temporal sequencing of policy and birth rates, or to control for as many unobserved factors that could explain both the presence of a policy and teen birth rates as possible, none can definitively identify a direct causal relationship between state policy and teen childbearing.

## Review of the Relevant Literature

### *Access to family planning*

Since oral contraceptives became legal in 1972 [11], state family planning policies have focused on facilitating access to contraceptives and/or services, typically by making them more affordable or reducing other barriers to access. Table 1 shows the results of six studies that examined the association between teen birth rates and state-level policies designed to increase access to and affordability of family planning services. Studies included in this review generally found that policies that expand access to services are associated with lower teen birth rates for at least one sub-population of teens. Using data from the 1970s, Guldi [12] estimated a difference-of-difference-of-difference model to assess how laws that allow minors to access the birth control pill without parental involvement are related to teen birth rates and found that, among white teens, minor access is associated with lower birth rates, whereas there is no significant association for

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