

Do State-Based Policies Have an Impact on Teen Birth Rates and Teen Abortion Rates in the United States?



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ABSTRACT

Objectives: The United States has one of the highest teen birth rates among developed countries. Interstate birth rates and abortion rates vary widely, as do policies on abortion and sex education. The objective of our study is to assess whether US state-level policies regarding abortion and sexual education are associated with different teen birth and teen abortion rates.

Methods: We carried out a state-level ($N = 51$ [50 states plus the District of Columbia]) retrospective observational cross-sectional study, using data imported from the National Vital Statistics System. State policies were obtained from the Guttmacher Institute. We used descriptive statistics and regression analysis to study the association of different state policies with teen birth and teen abortion rates.

Results: The state-level mean birth rates, when stratifying between policies protective and nonprotective of teen births, were not statistically different—for sex education policies, 39.8 of 1000 vs 45.1 of 1000 ($P = .2187$); for mandatory parents' consent to abortion 45 of 1000, vs 38 of 1000 when the minor could consent ($P = .0721$); and for deterrents to abortion, 45.4 of 1000 vs 37.4 of 1000 ($P = .0448$). Political affiliation (35.1 of 1000 vs 49.6 of 1000, $P < .0001$) and ethnic distribution of the population were the only variables associated with a difference between mean teen births. Lower teen abortion rates were, however, associated with restrictive abortion policies, specifically lower in states with financial barriers, deterrents to abortion, and requirement for parental consent.

Conclusion: While teen birth rates do not appear to be influenced by state-level sex education policies, state-level policies that restrict abortion appear to be associated with lower state teen abortion rates.

Key Words: Abortion ban, Abstinence, Adolescent pregnancy, Minor's consent, Sex education, Sex education, State-level policy, Teen abortion, Teen birth, Teen pregnancy

Introduction

The United States has one of the highest reported teen birth rates among all developed nations.¹ Teen pregnancy and delivery rates have been decreasing in the United States since the early 1990s, when they were at a high (61.8 of 1000 adolescent females). The teen birth rate has declined almost continuously over the past 20 years, except in 2006 when the start of a rise in trend of teen pregnancy and birth rates was observed, with an overall rate of 41.5 births per 1000 teens aged 15 to 19 years.² In 2013, there were 26.6 births for every 1000 adolescent females aged 15 to 19 years.³ This rate remains higher than that of other developed countries such as Canada and the United Kingdom.⁴

Teen birth has been associated with a number of negative outcomes for both mother and baby. Teen birth is associated with low birth weight and small-for-gestational-age babies, as well as an increased risk of prematurity.⁵ Recent statistics also show an increased risk of neonatal death with mothers aged 15 to 19 as well as in those younger than 15 years.⁶ Children born to teen mothers go on to have poorer education achievement and life satisfaction, with lower

personal incomes.⁷ Teens who were born to teen mothers are more likely to become teen mothers themselves.⁸ Although some studies show that proper antenatal care reduces the overall risk in teenage pregnancies,^{9,10} infants born to teenage mothers are still considered at higher risk of poor neonatal outcomes.¹¹

While a number of groups have analyzed policies and their relation to teen pregnancy rates, we were unable to find a study of individual policies at the state level and an analysis of their effects on teen birth rates. The goal of our study was to look at different state-based policies (regarding abortion, minors' consent for contraceptive services, sexually transmitted disease/HIV infection, and sex education) to examine whether any specific policy is associated with lower teen pregnancy rates and higher teen abortion rates in the United States.

Materials and Methods

We carried out a retrospective cross-sectional study. Our population consists of all teenagers aged 15 to 19 years who had a delivery in 2008 and were issued a birth certificate, in any of the 50 states or in the District of Columbia. Data were obtained from the Centers for Disease Control and Prevention (CDC) National Vital Statistics System (VitalStats) for births in 2008 (state-level information).¹² In the United States, state laws require birth certificates to be completed for all births, and federal law mandates national collection

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and publication of births and other vital statistics data. Data were available for the race and Hispanic population composition, which we obtained for adolescents aged 15 to 19 in 2008. The maternal educational level data were incomplete in too many states, so we did not include it in the analysis.

The teen birth rates were calculated from the VitalStats data and consist of all births from mothers aged 15 to 19 years in the population of female teenagers aged 15 to 19 years, in a given state in 2008. The teen abortion rates were obtained from the Guttmacher Institute State Data Center.¹³ Abortion rates consist of teenagers aged 15 to 19 years who obtained a therapeutic abortion in 2008, by state of residence.

We contacted the Guttmacher Institute to access the State Policies in Brief for 2006 and 2007.^{14–16} There is a delay between the enactment of a policy/law by the US Congress and its effect at the local level. Given that our population data were for 2008, we estimated that the state policies of January 2007 would be implemented by 2008. State policies for 4 states (Alaska, Nevada, North Dakota, and Wyoming) were missing from the Guttmacher Institute State Policies in Brief. We obtained missing data from the website of the Sex Information and Education Council of the United States (SIECUS), by looking at the sex education policies published for these states.^{17–20} Each state's policies were assigned a value (0 or 1), based on the purpose of the abortion policy itself and on the available literature. Previous studies have demonstrated that restrictive abortion policies are associated with an increase in births.^{21–23} Restrictive abortion policies²⁴ were attributed a value of “nonprotective” of teen births (higher teen birth rates), and policies not imposing restrictions on abortion were attributed a value of “protective” of teen births. When the policy limited funding of abortion to cases of life endangerment/rape/incest or placed additional limitations on the use of private insurance for abortion,²⁵ the state was attributed a value of “nonprotective” of teen birth, as opposed to protective when the state used their own funds to pay for all or most medically necessary abortions* (for Medicaid enrollees).²⁶ When the state policy had a legislation in place requiring mandatory counseling about non–scientifically proven facts (long-term psychological effects, fetal pain, or association with breast cancer) or when the policy in place required a waiting period following counseling (ranging from 1 hour to 48 hours) prior to undergoing abortion,²² we attributed a “nonprotective” value to these states. The states with no such policies in place were deemed to be protective of teen births. For the states that require parental written consent for a teenager to undergo abortion, we attributed a nonprotective value.^{21,27} For the other states, where either a parent's notification was required or when the minor could consent, we attributed the value of protective of teen births.

Many different policies on sex education were in place (Table 1). We stratified them in either mandatory sex

education, which is protective of teen births as described by Strasburger and Brown,²⁸ or nonmandatory sex education, regardless of the quality of educational content. We further divided the states based on the coverage of abstinence and the emphasis put on the subject. In the states where abstinence coverage was mandatory or had to be stressed as the most important/only means to prevent pregnancy, we attributed a value of nonprotective of teen births, as opposed to states with no such policy in place. The value of abstinence education has been studied before by many groups and has never been proved to be effective in decreasing teen births or pregnancies.^{29–31} When alternate contraceptive methods had to be covered, we attributed the value of protective of teen births, in agreement with Lindberg et al.³¹ and Kohler et al.³²

According to the 2008 US Religious Landscape Survey,³³ 78.4% of American adults report belonging to various forms of Christianity, about 5% belong to other religions, and 16% are not affiliated with any particular religion. We obtained information on religious and Christian adherence within each state from the 2010 US Religion Census.³⁴ Although many different religions are present in the United States and each religion has its views on abortion and the value of life,^{35,36} we decided to focus our study on Christians to include a majority of the population in each state and to obtain state-level characteristics. We calculated the prevalence of Christian adherents for each state (as a fraction), by dividing the number of adherents[†] (as defined by the Religious Congregations & Membership Study)^{34,37} by the population in that state on the 2010 US Census³⁸. Data for Alabama were not available. We hypothesized that the religious adherence did not change significantly between 2008 and 2010 and that people who were adherent to a religion in 2010 were also adherent in 2008. We stratified each state between low Christianity adherence (less than 50%) or high Christianity adherence (greater than 50%). For analysis purposes, as Christianity opposes abortion, states with a high Christian adherence were qualified as nonprotective of teen births and states with low Christian adherence were qualified as protective.^{35,39}

We obtained the elected party by state, based on the 2008 US presidential election, and assigned a value to either Republican (1) or Democrat (0) states. It gave us a general tendency of the state's political affiliation, although it is well known that not everyone votes. Using state-level data, our goal, when looking at the elected party, was not to identify differences in abortion rates between Republican and Democrat teenagers. We wanted to assess the cultural background of each state. We compared the states' teen birth rates against each other. State-level information on socioeconomic status and educational attainment was not available in the census. The percentages of Hispanic teenagers, non-Hispanic white teenagers, or black teenagers within each state¹² were reported and attributed a value (0 or 1) for analysis purposes: if more than 20% of female teenagers were either of Hispanic origin or black race (1), or if less than 50% of the female teenagers population were

* No clear definition exists. The following is proposed: “(1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed” (Hyde Amendment Codification Act, 2013).²⁶

† The number of adherents is the most complete count of people affiliated with a congregation, and the most comparable count of people across all participating groups.

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