

Editorial

State Policy Effects on Teen Fertility and Evidence-Based Policies

Great variation exists among the states in (1) *rates of teen pregnancy and childbearing* and (2) *rates of decline* in pregnancy and birth rates after 1991 [1]. For example, in 2006, the birth rate for Mississippi (68.4 birth per 100, 15–19-year-old women) was 3.7 times larger than the birth rate for New Hampshire (18.7 per 100, 15–19-year-old women). Between 1991 and 2006, teen birth rates declined 20% in Mississippi and 44% in New Hampshire. Even more intriguing are differences among states that share certain social and demographic characteristics. For example, both Texas and California are large states with significant minority populations and sizeable and rapidly growing Hispanic populations. In 1991, both states had sizeable rates of teen fertility (78.4 in Texas and 73.8 in California), but diverged greatly since then. In 2006, the teen birth rate in Texas (63.1) was 1.6 times that of California (39.9). That is, between 1991 and 2006, the birth rate in Texas declined by 19%, whereas it declined by 46% in California. In other words, California was 2.4 times more successful in reducing its teen birth rate than was Texas.

Despite these large state differences, little is known about the influence of state social conditions and public policies on trends in teen pregnancy. A new report published in this issue of the *Journal of Adolescent Health* takes a relatively novel approach in exploring policy influence on teen birth rates. Yang and Gaydos [2] from Emory University examined differences among states in their declines in teen birth rates between 2000 and 2006. State Medicaid family planning waivers were associated with lower teen birth rates for every group: younger and older teens and white, black, and Hispanic teens, while state policies favoring abstinence-only programs were associated with higher teen birth rates for white and black teens and younger teens. Other public policies, such as requiring parental consent for abortion and contraceptive conscience laws, were associated with higher teen birth rates in certain subgroups but not overall. Social factors such as lower rates of high school graduation and increased religiosity were also associated with increased teen birth rates. Finally, given the high birth rates among Hispanic teens, an increased proportion of Hispanics in a state population also increased overall teen birth rates.

This work by Yang and Gaydos, builds on several previous studies that also examined the impact of state social characteristics or state policies on teen birth rates. Strayhorn and Strayhorn [3] explored the association between state levels of conservative religious beliefs (what they called religiosity) and state teen birth rates in 2006. Religiosity was positively correlated with state teen birth rates ($r = .73$) and negatively correlated with teen abortion rates. This association remained considerable, even after controlling for household income and race/ethnicity. Colen et al. [4] found that among 15–24-year-old African American young women (but not among 15–24-year-old white women) state unemployment rates were highly related to fertility decline in the 1990s. They found that a 1% drop in unemployment rate was accompanied by a 1.8% drop in first births among 15–17-year-old black women and 2.4% drop among 18–19-year-old black women. Crosby and Holtgrave [5] found a strong protective value of social capital measured at a state level and teen pregnancy rates in the contiguous 48 states for 1999 ($r = .78$). (Social capital includes trust and cooperation among members of a social network with common goals and supportive interactions within and among families, neighborhoods, and communities.) Poverty and income inequality were also associated with pregnancy rates, but those correlations were less strong. Finally, teen birth rates among states are highest in the south and southwest [1] and presumably reflect, in part, these states' racial and Hispanic composition. Such studies of states are an important “real world” method for studying policy impact, and a useful complement to evaluations of specific programs.

In combination, this new study by Yang and Gaydos and the previous studies suggest that both *social and demographic characteristics* of states (e.g., socioeconomic status, social capital, religious beliefs, and racial/ethnic differences) and state *policies* (e.g., Medicaid waivers and sex education policies) can have strong relationships with teen pregnancies and births. However, it is also true that it is difficult to disaggregate the separate impact of social conditions from that of state policies on teen pregnancy or birth rates. For example, socially conservative states are more likely to adopt

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abstinence-only policies, whereas socially liberal states may be more likely to focus on improved access to contraceptive services. Clearly more research is needed to separate the influences of social characteristics from those of social policies on teen pregnancy rates. This may be a methodological challenge.

Dramatic change in federal priorities in the FY 2010 budget creates new opportunities and challenges for teen pregnancy prevention. Although the budget is not final as we complete this commentary, it appears that federal support for abstinence until marriage will be reduced and a new program will provide support for “evidence-based approaches to teen prevention.” The new funding in the FY 2010 federal budget does at least two things: (1) it places a much greater emphasis on evidence-based approaches than in years past, and (2) it markedly increases the funding for those approaches. Professional health associations such as the Society for Adolescent Medicine which have supported evidence-based approaches to teen pregnancy prevention should welcome this change in Washington. The public health community likewise appears to be thankful to see a return to evidence-based policies. In this new era, policy makers and practitioners should take an expansive view of science and build on the results from multiple kinds of rigorous research, including qualitative research, policy analyses, demographic research, and studies comparing regional and global variation in teen pregnancy, in addition to the work of program evaluation. As such, expanded

research on state variation in teen pregnancy prevention policies and health outcomes is a welcome development.

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