How are state abortion statutes associated with unintended teen birth?

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MPH Thesis Abstract

Purpose: It is well documented that legislation which restricts abortion access decreases abortion rates. It is less well understood whether these statutes affect unintended birth. In this study, we examined the relationship between restrictive abortion legislation and unintended birth among minors.

Methods: The Pregnancy Risk Assessment Monitoring System (PRAMS) monitors self-reported maternal experiences among women who deliver a live-born infant. Using 2000-2005 PRAMS data, we examined associations between pregnancy intention (defined as intended, mistimed, or unwanted) and state legal statutes affecting women’s access to abortion services (parental involvement laws, Medicaid funding restrictions, and mandatory waiting periods). We used multinomial logistic regression, controlling for individual demographic characteristics, state factors, and geographic and time trends to identify the impact of restrictive abortion legislation on minors’ pregnancy intention. Subgroup analyses were done for Black and Hispanic minors.

Results: Study sample included 8,356 minors between 11-17 yrs old, who reported 6,800 unintended births (81%): 15% were reported as unwanted and 66% were reported as mistimed. Bivariate analyses demonstrated associations between parental involvement laws and higher rates of unwanted (17% vs 12%, p<0.001) teen birth, as well as associations between mandatory waiting periods and higher rates of both mistimed (67% vs 66%, p=0.039) and unwanted (17% vs 14%, p=0.004) teen birth. When we controlled for individual and state factors in our multivariate model, we found that non-Black, non-Hispanic minors living in states with parental involvement laws reported higher rates of unwanted birth (RR 1.79, p=0.041). Medicaid funding restrictions were associated lower rates of unwanted birth among Hispanic teens; no association for this statute was noted in the overall population.

Conclusions: Although this study cannot determine causality, we found higher rates of unwanted birth among minors living in states with parental involvement laws, as well as higher rates of unwanted birth among Hispanic teens living in states with Medicaid funding restrictions. Further evaluation of factors associated with state laws that restrict access may identify other opportunities for policy change to reduce unwanted pregnancy and birth among teens.