8-9-2019

Impacts of a Parental Consent Law on Teen Birth and Abortion Rates in Kansas

Cameryn Carr
Portland State University

Impacts of a Parental Consent Law on Teen Birth and Abortion Rates in Kansas

by

Cameryn Carr

An undergraduate honors thesis submitted in partial fulfillment of the

requirements for the degree of

Bachelor of Science

in

University Honors

and

Quantitative Economics

Thesis Advisor

Grace Arnold, PhD

Portland State University

2019

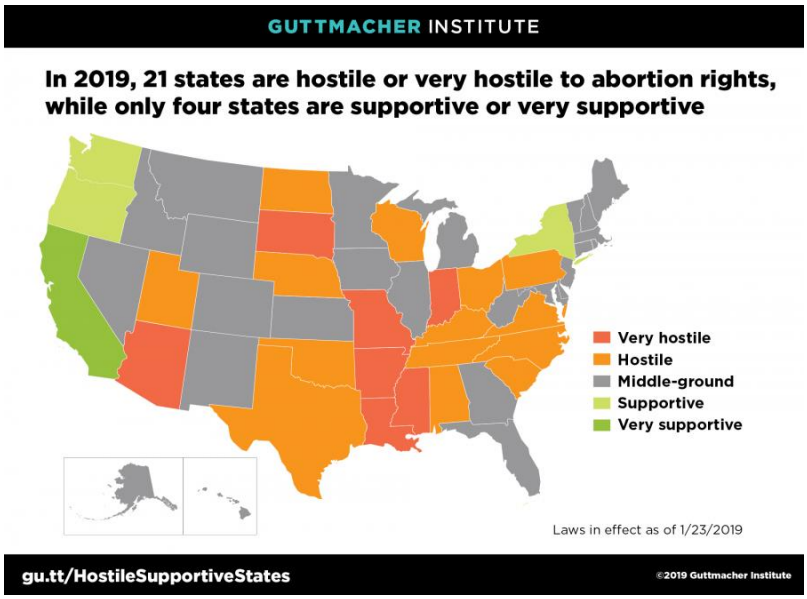
1. Introduction

In 1992, the landmark case, *Planned Parenthood of Southeastern Pennsylvania v. Casey*, allowed states more power to regulate abortion given that they did not impose an undue burden on women. Since then, states have enacted hundreds of abortion laws ranging from regulating at what week during pregnancy a woman can no longer have an abortion, to requiring a woman wait a certain amount of time to receive an abortion. Since *Casey*, there has also been a large increase in states regulating teen abortion by using parental involvement laws. Parental involvement laws require some form of parental involvement, such as the consent or notification of one or both parents in order for a teen to legally receive an abortion. Currently 37 states require some sort of parental involvement for a teen to receive an abortion. Three of those states require consent from both parents: Kansas, Mississippi, and North Dakota (Guttmacher Institute, 2019)

In 2011, Kansas passed one of the strictest parental consent laws in the nation. The law requires notarized consent from both parents before a teen can receive an abortion. This law is in addition to the other strict abortion laws Kansas has passed in the last 20 years. Current scholarship regarding parental involvement and consent has studied Mississippi, but both Kansas and North Dakota are left out of the conversation. This study will close a gap in past scholarship by studying the impact of the dual parental consent law in Kansas. The question I am concerned with in this project is how this law has affected birth rates and abortion rates for teens in Kansas using its four neighboring (or surrounding states) as a control: Colorado, Missouri, Nebraska, and Oklahoma.

2. Background and Literature Review

As previously mentioned, *Planned Parenthood v. Casey* allowed for further regulation of abortion as long as the regulation did not impose an undue burden on a woman. This allowed states to impose a plethora of different regulations on abortion procedures. For Kansas, this meant regulating abortion on almost all fronts. There are a few main ways states can regulate abortion: parental involvement, mandatory delay/counseling, TRAP laws, and funding regulations. Parental involvement laws, which include the Kansas law we are studying, regulate the involvement of parents in the abortion of a minor. Mandatory delay/counseling typically requires a woman to wait a certain number of hours (usually 24-72 hours) and receive state-directed counseling that strives to persuade the woman to seek other options. A TRAP law (or targeted regulation of abortion providers) is a type of law that regulates the supply-side of abortion by specifically targeting abortion providers. These laws usually regulate the physical structures of abortion clinics, determine who can provide abortions, or what qualifications a provider must meet in order to legally administer abortions. A noteworthy example is the Texas HB-2 bill that caused half of all abortion clinics in Texas to close, which was ruled unconstitutional by *Whole Woman's Health v. Hellerstedt (2016*). Funding regulation is also popular, and typically determines whether abortions must be covered by insurance or whether state funding such as Medicare or Medicaid can be used for any abortion procedures. Kansas regulates abortion using each of these methods and is typically considered a middle-ground environment for abortion rights (Guttmacher, 2019).



In addition to the different ways Kansas regulates abortion, there are also very few clinics in Kansas for women to obtain an abortion. In 2014, Kansas had four operating abortion clinics (Guttmacher, 2018). It now appears that there are only three abortion clinics open and operating (and advertising) in Kansas: Center for Women's Health and Planned Parenthood located in Overland Park, and Trust Women Wichita. Additionally, there is a Planned Parenthood located in Kansas City, Missouri which is not technically located in Kansas but may be a resource utilized by women in Kansas. The 3 abortion clinics in Kansas can be compared to the 27 clinics operating in Oregon (Guttmacher, 2018).

The statute in question for this study is Kansas § 65-6704–6705 passed in 2011 and required notarized consent from both parents before a teen could receive an abortion within the state. As stated previously, it is one of the strictest parental consent regulations in the country, Kansas being one of three states that requires consent from both parents. For a teen in Kansas to receive an abortion, she must bring numerous documents at the time of the appointment. She must bring a completed "24-Hour Informed Consent Form" and bring the completed "Notarized

Minor & Parental Consent" form. Additionally, the minor and both parents must bring a state-issued ID and a legal document linking the parents to the minor.

There is a judicial bypass option for teens seeking an abortion without gaining consent from their parents or guardians. All 37 states that require parental consent or notification do offer a judicial bypass option for teens obtaining an abortion (Guttmacher, 2018). Teens can receive this judicial bypass as a substitute for consent from parents. The judicial bypass allows teens to receive state permission via court order to receive an abortion without receiving consent or notification to parents or guardians. In order to obtain this judicial bypass, teens must go through the proper procedure. First, teens must go to a clinic to receive required judicial bypass counseling by a licensed clinic. This appointment must be attended by a trusted adult who is 21 years or older. This person could be a coach, a teacher, a counselor, or a trusted family member (romantic partners may not attend the counseling). Once the counseling has been completed, the clinic then notifies the courts and begins the petitioning process. A private meeting with a judge is then scheduled where the teen will be asked questions and given a chance to argue for the order. Joyce (2010) studied the effects of this judicial bypass option on teen birth and abortion rates in Arkansas. In 2005, Arkansas changed their parental notification law to a parental consent law, while allowing for the judicial bypass option in some cases. Joyce (2010) finds that teens who received an abortion through the judicial bypass option are actually less likely to receive a second trimester abortion relative to those who had parental consent.

2.1 Parental Consent & Notification

Much of the literature I am citing in my research deals with parental consent and notification laws. As previously stated, parental consent laws typically seek to restrict abortion access for teens through requiring consent from one or both parents before receiving an abortion. Additionally, parental notification laws seek to discourage abortion for teens by require parents or guardians to be notified before a teen can receive an abortion.

Because these laws specifically target teens ability to access abortion, research often focuses on how these laws affect teens from 15-19 years of age. Research questions often focus on teen birth and abortion rates in-state and out of state. Out of state abortions and birth rates are especially relevant for states with bordering states that have different restriction behavior (Colman et al., 2006). States that require consent from both parents in order to obtain an abortion tend to also have higher out of state abortion rates (Joyce et al., 2001). Additionally, timing of abortion may be impacted by teens reaching adulthood during pregnancy. Most studies specifically look at whether teens are having later term abortions in order to avoid parental consent or notification laws.

Typically, the data used will either focus on a single state and its surrounding states, or data involving an entire country or region. Research focusing on a single law from a state, and how this law impacted birth and abortion rates for women in that state, often use statewide or county-level data. Often the data is grouped by ages such as: 15-17, 18-19, and then 20 and older. This allows for studying variation between teens needing consent, and those not. Additionally, it allows for researchers to study timing of abortion more effectively. Data from surrounding states is often crucial in studying how out of state abortions and birth rates are

impacted by certain notification laws. This data becomes more important and interesting when studying states that have different laws regarding consent and notification for teens.

"Before and after" analysis, as well as difference-in-difference analysis is often used to study these types of laws (Joyce, 2010). Because of the nature of the laws, access to abortion can be impacted immediately, and therefore provides an environment for studying the impacts in a before and after setting. In addition, multivariate regression analysis, ordinary least squares, and probit or logit, and Poisson models are often used (Joyce et al., 2001). The results for many of these laws are ambiguous; typically finding an increase or no change in birth rate, a decrease in the abortion rate, or ambiguous results. When it comes to the timing of abortion, the results are either ambiguous or found to have increase in later term abortions (Joyce et al., 2001).

The methodological issues regarding the results of past scholarship has been discussed. Overestimating declines in abortion rates and underestimating the increase in birth rate is typical in past scholarship (Colman et al., 2006). Colman (2006) discusses how data limitations, such as the CDC and AGI data not breaking up abortion data by characteristics like age or race, impacted the results found in the studies. Similarly, using state of occurrence vs. state of residence to calculate abortion rates has an impact on whether abortions are in fact decreasing, or whether out of state abortions are increasing. Moreover, whether age at conception or age at procedure is used can also impact abortion rates for different age groups.

2.2 Age & Abortion

Studying how the abortion or birth rates for specific ages is common especially when the research is discussing parental consent or notification laws. This is important to analyze given that the consent laws are only effective before a minor turns 18. Typically, the scholarship will

analyze birth and abortion rates for 15-17 and 18-19 age groups (Joyce, 2010). This allows for analyzing the demographics of these groups, but also trends in timing and out of state abortions. This is the approach this study will take, using abortion and birth rates for 15-17 and 18-19 age groups as our outcome variables.

2.3 Timing

The timing of abortion can be especially important when studying consent laws. As stated previously, because the parental consent laws only apply to minors, the timing of abortion becomes an important point of inquiry. Typically, timing of abortion is studied alongside teen age groups. 15-17 and 18-19 age groups are the standard groupings; although, some research separates it by each age year (Joyce, 2010). Timing of abortion is typically distinguished between first and second term abortions. Typically, there is not a general increase in second term abortions over the population of women. When separated by age, teens turning 18 during their pregnancy (in states with a parental consent law) tend to have later abortions (Bitler et al., 2001).

2.4 Location

Because parental consent laws require teens to receive consent from one or both parents, the location of where teens receive an abortion can be important. With states like Kansas that require a teen to receive consent from both parents, it may be possible that the teen will go out of state for an abortion in order to avoid needing consent. For example, a state like Mississippi that requires consent from both parents saw an increase in out of state abortion, while South Carolina which requires consent from one parent did not see a significant increase in out of state abortion (Joyce et al., 2001). However, a similar study examining the impacts of a consent law for

Massachusetts, which also only requires consent from one parent, found an increase in out of state abortions. A study done by Colman found that the inaccurate measurements of out of state travel for abortion has led to fallible impacts on abortion and birth rates (Colman et al., 2006).

3. Data

The data used for birth rates comes from the CDC Wonder database, as well as the CDC Vital statistics for 1999-2015. This data gives births for teens by single age for a given state and year. This allows us to group birth rates by non-minor and minor teen groups and study any variations among these groups for a given state and year. The data I am using to analyze abortion rates comes from the CDC Abortion Surveillance surveys from 1999-2015. The data used was primarily taken from Table 5 of those reports, which breaks down abortions by single age for teens for a given state and year. Additionally, the SEER population reports for 1999-2015 are used in order to extract the population of childbearing age for a given state, time, and age group. This is used to calculate abortion and birth rates for a given state and year. State characteristics data such as unemployment rate, household income, Medicaid funding, etc. were extracted from census reports for the above years.

4. Econometric Methodology/ Methodology

This research uses a difference-in-difference framework using Kansas before the 2011 law, and surrounding states before and after the law as the control group. These results can then be analyzed to determine how the law impacted birth and abortion rates for those in Kansas. In order to do this, a regression is run on both abortion and birth rates for a given state and time, with independent variables controlling for certain state characteristics. The analysis of the data is

the result of six different regressions: three for birth rates, and three for abortion rates, each with the same independent variables. The first iteration of the regression opens the sample size to all minor teens and analyzes the difference after the law. The second regression limits the sample to non-minors (or those over 17), using non-minors in Kansas as the treated group and non-teens in the surrounding states as the control. We expect that the abortion and birth rates for the non-minor teen group to be unaffected by the law. This is because the law only restricts abortion access to minors and therefore do not need to receive consent from parents. The third regression limits the sample to Kansas and uses non-minor teens in Kansas as the control. The three different iterations will give us an idea of how the consent law impacted teen birth and abortion behavior.

Accounting for numerous variables, I will study how the law impacted abortion and birth rates for teens in Kansas and its four surrounding states. I am additionally interested in how race, age of mother, and sexual education access impact these abortion and birth rates. I will characterize sexual education using a binary variable representing the year a mandatory sexual education law was enacted. Similarly, I will include race of mother and age from 15-19; distinguishing between 15-17 and 18-19-year-olds. I will use linear regression analysis in order to determine the impacts of different variables on the birth and abortion rates for a given state and time. Below are the equations used for my regression analysis.

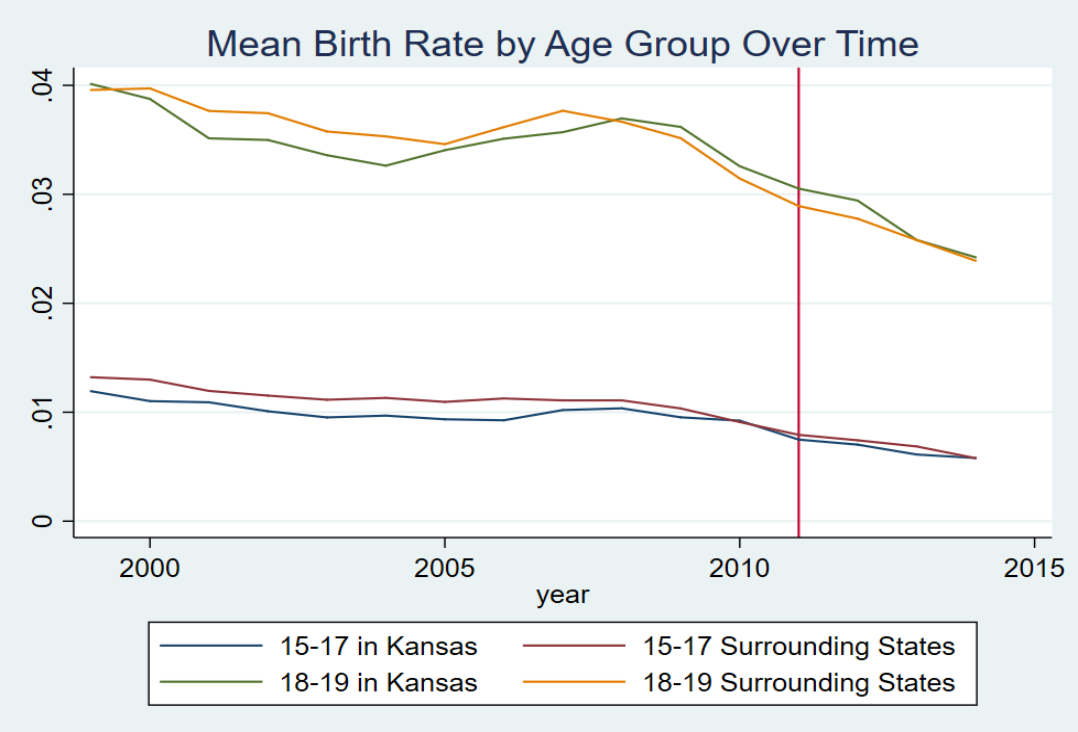
$$Y_{a,s,t} = \beta_0 + \beta_1 PCL_{a,s,t} + \beta_2 KSs + \beta_3 Post_t + \beta_i X_{a,s,t} + \alpha_a + \varepsilon_{a,s,t}$$

As stated in the above equations, the outcome variables, Y, in this project will be the abortion rate and birth rate for a given state (s) and time (t) for a single year age group (a). For the

regression analysis this study uses the log of birth and abortion rates for a given state and year due to high levels of variation in the rates. The variable in question, represented by PCL, represents the parental consent law. This coefficient, β_1, will tell us the impact of the parental consent law on birth and abortion rates for a given state and time. Other independent variables, represented by the vector X above, will be certain state characteristics accounting for household income, fraction of population utilizing WIC, fraction of population utilizing Medicaid, and unemployment rate.

5. Results

5.1 Birth Rate



If we consider the graph above, we can compare trends in the birth rate for different states and age groups. From the graph we can see that birth rates are generally on a decline before 2011 for each age group. Similarly, each age group for in and out of state is clustered and

seems to follow a similar pattern. Prior to 2011, the birth rates for 15-17-year-olds in Kansas appear to have a similar pattern to the 15-17-year-olds in the surrounding states. Moreover, the birth rates for the 18-19-year-olds in Kansas appear to have a similar pattern to the 18-19-year-olds in the surrounding states. Therefore, it appears that using the same age group for the surrounding states as a control is the best match.

The results of our first regression, which focuses on birth rates for minor teens, shows that the parental consent law is associated with a 6.4% increase in birth rates. It is important to note that our PCL coefficient is not considered statistically significant and this result is not typical in most other research. The increase in birth rates is not surprising, as it is consistent with other scholarship studying the impacts of consent laws. In order to understand our difference-in-difference coefficient, we must control for state and time which we do with our post and KS coefficients. Post, which shows us generally what is happening after 2011, is associated with a 39.6% decrease in birth rates. KS, which tells us the Kansas specific effects, is associated with an 8.9% decrease in birth rates. The independent variables with significance in this regression that we can analyze are log of Medicaid, log of household income, log of WIC, and unemployment rate. For Medicaid, every percentage increase in the fraction of a state's population using Medicaid is associated with a 0.21% increase in birth rates. For household income, a percentage increase in a state's household income is associated with a 0.9% decrease in birth rates. If we look at our WIC coefficient a percentage increase in the fraction of population using WIC is associated with a 0.18% decrease in birth rates. In terms of birth age, we see that relative to 15-year-olds, the 16-17 age group is associated with higher birth rates.

The second regression, which focuses on non-minor teens, also shows an increase in the birth rate. There is a 3.1% increase in non-minor teen birth rates associated with the passing of the law. The post 2011 coefficient is associated with a 28.2% decrease in birth rates, and our Kansas specific coefficient is associated with a 2% increase in birth rates.

There is also a 0.35% increase in birth rates associated with a percentage increase in the fraction of a state's population using Medicaid. A percentage increase in household income is associated with an 0.82% decrease in birth rates for non-minor teens. Both WIC and unemployment coefficients are not significant.

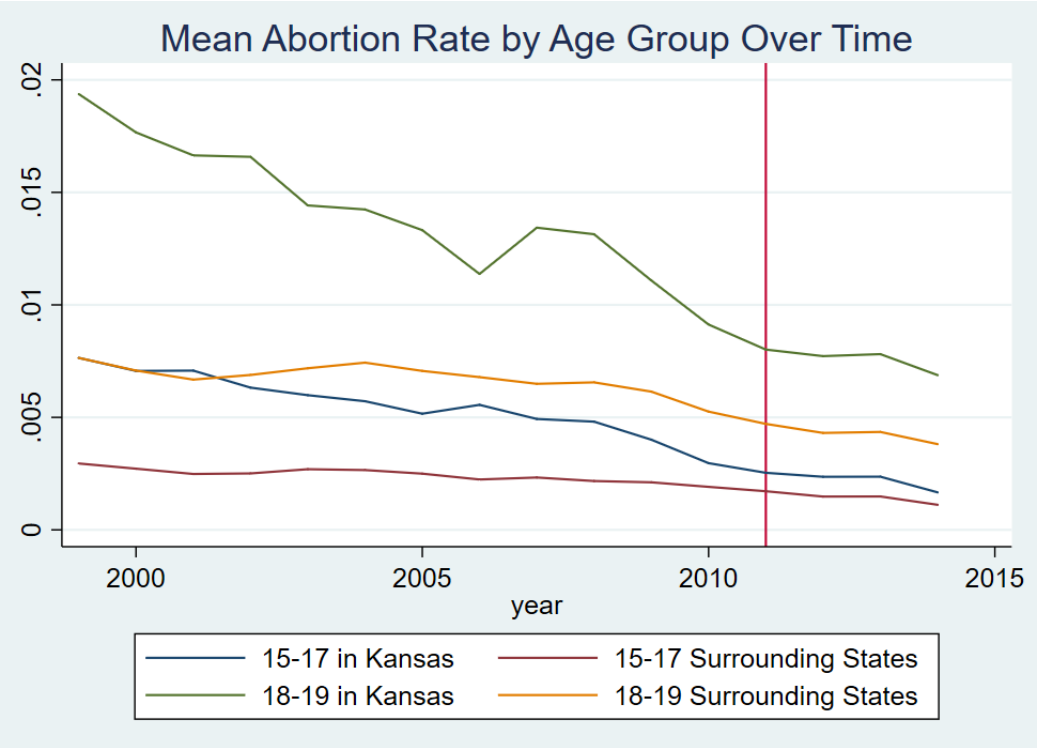
If we look at the impact of the law on those under 18 in Kansas described by our teenXpost coefficient, we see a 17.7% decrease in teen birth rates. Our post coefficient is associated with a 17.5% decrease in birth rates. A percentage increase in the fraction of the state's population enrolled in Medicaid is associated with a 0.41% decrease in birth rates. If we look at birth age, compared to the 15-year age group older teens are associated with higher birth rates.

To summarize, we can see that the Kansas effects for minor teens are indicating a decrease in birth rates while out-of-state minor birth rates and in-state non-minor birth rates are increasing with the passing of the consent law.

Birth Rates	All 15-17 Year Olds	All 18-19 Year Olds	15-17 Kansas Only
PCL	0.064	0.031	
	(0.81)	(0.44)	
post	-0.396	-0.282	-0.175
	(8.47)**	(6.74)**	(4.12)**
KS	-0.089	0.020	
	(2.14)*	(0.53)	
Age 16	0.913		0.971
	(26.95)**		(29.60)**
Age 17	1.577		1.646
	(46.56)**		(50.16)**
Log of Fraction of Pop. on Medicaid (s,t)	0.205	0.354	-0.412
	(2.21)*	(4.26)**	(2.83)**
Log of Household Income	-0.905	-0.822	0.213
	(6.05)**	(6.15)**	(0.66)
Log of Fraction of Pop. using WIC (s,t)	-0.182	-0.072	0.108
	(2.69)**	(1.18)	(1.43)
unemployment	-5.354	-3.078	3.894
	(2.60)**	(1.67)	(1.99)
Age 19		0.355	
		(14.33)**	
teenXpost			-0.177
			(3.77)**
teen			-2.508
			(70.75)**
Age 18			-0.371
			(11.30)**
Constant	4.325	6.175	-6.151
	(2.78)**	(4.44)**	(1.63)
R^2	0.93	0.77	0.99
N	210	140	70

* $p<0.05$; ** $p<0.01$

5.2 Abortion Rates



If we consider our graph above, we can compare trends in the abortion rate for different states and age groups. Each age group appears to be following a downward trend in abortion rates, which is consistent with national standards. The 15-17 Kansas group appears to have a similar trend to 18-19-year-olds in Kansas before 2011. Similarly with surrounding states, the 15-17 and 18-19 age groups appear to have similar trends. While the magnitudes for each group may be different, the general trends among 15-17 and 18-19 age groups appear to be similar.

Our first regression, limiting our sample to non-minor teens in Kansas and surrounding states, shows a 17% decrease in abortion rates associated with the passing of the law, though this coefficient is not significant. This large decrease in abortion rates can partially be attributed to the low abortion rates for minor age groups. This means any change in abortion rates for these age groups, even if it is very small, could be a large percentage change. Our post 2011

coefficient is associated with a 36.9% decrease in abortion rates, while the KS coefficient is associated with a 79.9% increase in abortion rates. Again, these large coefficients could be due to the already small abortion rates leading to seemingly large percentage increases with very small real change. A percentage increase in the fraction of a state's populating using Medicaid is associated with a 0.28% decrease in abortion rates, while the fraction of a state's population using WIC increasing by a percentage is associated with a 0.43% decrease in abortion rate. Compared to the 15 year age group, older teens are associated with a higher abortion rate.

The second regression, which focuses on non-minor teens, shows an 8.6% increase in abortion rate. This is unexpected as we would expect that the 18-19 age group would be unaffected by the law given parental consent is not necessary for non-minor teens. It is possible that the abortion rate for 18-year old's increased due to minors waiting until 18 to seek an abortion without consent. Though it is hard to make substantial claims because this coefficient is insignificant. The post 2011 coefficient indicates a 43% decrease in abortion rates while the KS coefficient indicates a 70.2% increase in abortion rates. There is also a decrease in the abortion rate associated with WIC enrollment. A percentage increase in the fraction of a state's population using WIC is associated with a 0.50% decrease in abortion rates.

For the third regression, the impact of the law on minor teens in Kansas is characterized by teenXpost. We see a 27.8% decrease in abortion rates associated with the passing of the law. The post 2011 coefficient shows a 24.5% decrease in abortion rates. A percentage increase in the state's population using Medicaid is associated with a 0.75% decrease in abortion rates. Relative to 15-year-olds, 16 and 17 age group is associated with higher abortion rates, and 18 year-olds have lower rates relative to 19 year-olds.

Overall, we see that there was a decrease in abortion rates for the 15-17 age group in and out of Kansas, while there was an increase in abortion rates for the 18-19 age group in Kansas.

Abortion Rates	All 15-17 Year Olds	All 18-19 Year Olds	15-17 Kansas Only
PCL	-0.170	0.086	
	(1.49)	(0.77)	
post	-0.369	-0.430	-0.245
	(5.53)**	(6.59)**	(3.37)**
KS	0.799	0.702	
	(13.43)**	(12.06)**	
Age 16	0.573		0.553
	(11.84)**		(9.84)**
Age 17	0.930		0.901
	(19.22)**		(16.04)**
Log of Fraction of Pop. on Medicaid (s,t)	-0.284	-0.002	-0.748
	(2.14)*	(0.02)	(3.00)**
Log of Household Income	-0.415	-0.275	-0.321
	(1.94)	(1.32)	(0.59)
Log of Fraction of Pop. using WIC (s,t)	-0.436	-0.501	-0.033
	(4.51)**	(5.29)**	(0.25)
unemployment	-8.374	-7.824	-8.290
	(2.85)**	(2.72)**	(2.48)*
Age 19		0.180	
		(4.65)**	
teenXpost			-0.278
			(3.46)**
teen			-1.573
			(25.93)**
Age 18			-0.160
			(2.84)**
Constant	-4.393	-4.082	-2.338
	(1.98)*	(1.88)	(0.36)
R^2	0.81	0.75	0.96
N	210	140	70

* $p<0.05$; ** $p<0.01$

6. Conclusion

This study has looked at the impacts of the Kansas consent law on birth and abortion rates for teens in Kansas. From our regressions, the Kansas effects for minor teens indicate a 17.7% decrease in birth rates, while there is a 6.4% decrease in the birth rate for all 15-17-year-olds and a 3.1% decrease in the birth rate for all 18-19-year-olds due to the PCL. Moreover, we see that there was a 27.8% decrease in the abortion rate for 15-17-year-olds in Kansas after the PCL, and a 17% decrease in the abortion rate for all 15-17-year-olds after the PCL. Similarly, there is a 8.6% decrease in the abortion rate for all 18-19-year-olds due to the PCL. Given the scope of this project, we have answered the question of how this Kansas consent law impacted teens and filled the current gap in the research.

With the results given, it is important to note that while the motivation of the law may have been to prevent teen pregnancies leading to abortion, the law does not appear to have a significant impact on real pregnancy outcomes. While birth and abortion rates for minor teens in Kansas are decreasing due to the law, abortion rates for the 18-19 group are increasing. This could be due to minor teens waiting until 18 to get an abortion, causing the abortion rate for 18-year-olds to increase. Moving forward, areas of further research could include ages broken down even further to understand if the timing of abortions is impacted by the law. Moreover, using different outcome variables, such as race, to determine how the law impacted different groups.

Bibliography

Bitler, M. Zavodny, M. (2001). The effect of abortion restrictions on the timing of abortions. *Journal Of Health Economics 20(6),* 1011-1032.

Cartoof, V. Klerman, L. (1986). Parental consent for abortion: impact of the massachusetts law. *American Journal of Public Health 76(4),* 397-400.

Colman, S. Joyce, T. Kaestner, R. (2006). Methodological issues in the evaluation of parental involvement laws: evidence from texas. *National Bureau of Economic Research, Working Paper 12608.*

Haas-Wilson, D. (1994). The impact of state abortion restrictions on minors' demand for abortion. *Journal of Human Resources 31(1*), 140-158.

Joyce, T. Kaestner, R. (2001). The impact of mandatory waiting periods and parental consent laws on the timing of abortion and state of occurrence among adolescents in mississippi and south carolina. *Journal of Policy Analysis and Management 20(2),* 263-282.

Joyce, T. (2010). Parental consent for abortion and the judicial bypass option in arkansas: effects and Correlates. *Perspectives on Sexual and Reproductive Health 42(3),* 168-175.

Kearney, M. Levine, P. (2015). Investigating recent trends in the u.s teen birth rate. *Journal of Health Economics 41,* 15-29.

Levine, P. (2003). Parental involvement laws and fertility behavior. *Journal of Health Economics 22(5),* 861-878.

Medoff, M. (2009). The impact of state abortion policies on teen pregnancy rates. *Springer Science+Business Media,* 177-189.

Ohsfeldt, R. Gohmann, S. (1994). Do parental involvement laws reduce adolescent abortion rates? *Journal of Contemporary Economic Policy 12(2),* 65-76.

Tomal, A. (1999). Parental involvement laws and minor and non-minor teen abortion and birth rates. *Journal of Family and Economic Issues 20(2),* 149-162.

Trust Women Wichita. Judicial bypass: questions and answers. *Trustwomen.org*

https://trustwomen.org/user/file/forms/wichita/MinorGuide.pdf

Alan Guttmacher Institute, (2018). State facts about abortion: Kansas. *Guttmacher.org*

https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-kansas#7