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Commentary on "A Tale of Two States"

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In this issue of the *Journal of Applied Research on Children*, Susan Tortolero and colleagues report on the differences in declines in teen birth rates between California and Texas over the period 1981 – 2008. In 1981, and especially in 1991, when rates of teen childbearing peaked across the United States, both Texas and California had teen birth rates that were higher than the nation's average. However, between 1981 and 2008, the rate of teen births declined much faster in California (by 28%) than in Texas (16%). By 2008, the teen birth rate in California was below the national rate, while the rate in Texas was considerably higher. The differences between Texas and California in the proportional declines in their rates of teen births are especially striking among Hispanic teens: in Texas, Hispanic teen birth rates declined by only 4%, which was considerably smaller than the 24% decline in California. Despite these declines, teen birth rates for California, Texas, and the U.S. in 2008 remained well above rates in Western Europe.

Tortolero et al. ascribe these different trajectories to differences in health policies in Texas and California. In particular, they note distinct state approaches to sexuality education, to access to contraceptive services for teens, and to public-private partnerships. California, after a period of unsuccessful experimentation with abstinence promotion in the early 1990s, has pursued comprehensive approaches to sexuality education, which encourage abstinence as the safest choice, but also encourage condom and contraceptive use for those who do have sex. In contrast, Texas has focused on school programs that promote abstinence and restrict information about condoms and birth control. California has also vigorously promoted access to contraceptive services for teens and women living in poverty and has allowed teens to receive state-funded services without parental notification. By comparison, Texas requires parental consent for minors to access state-funded family planning services unless they are married. While parental consent is not required to access *federally* funded contraceptive services in Texas (or any state), these differences between consent policies are likely to be confusing to adolescents and therefore may serve as a barrier to teen access of reproductive health care.

Tortolero et al.'s conclusions are consistent with previous research. For example, recent reviews by the Centers for Disease Control and Prevention (CDC) and The United Nations Educational, Scientific, and Cultural Organization (UNESCO) show strong evidence for the effectiveness of comprehensive sexuality education, but not abstinence-only approaches.[1-3] In addition, data on national trends from the 1990s and early 2000s suggest that the consistent declines in teen birth and pregnancy rates between 1991 and 2005 were driven primarily by improved use of condoms and other contraception[4]. Previous research also has demonstrated a relationship between state teen birth rates and state-level social factors.[5-7] Unfortunately, these studies have not disaggregated the effects of state *characteristics* (such as socioeconomic conditions, racial/ethnic differences, and religious beliefs) from state *policies* (such as sexuality education policies and family planning waivers).[8] Thus, while the different approaches to sexuality education and access to contraceptive services in Texas and California may explain California's success compared to Texas, additional research is needed.

Tortolero et al.'s research is circumscribed by the limitations of public health data. As the authors note, limited data are available on the content of sexuality education classes in the US over the period from 1981-2008. Instead, they used 2007

data on AIDS/HIV education from the Youth Risk Behavior Survey (YRBS) from Texas and Los Angeles. (Los Angeles YRBS data were used because California does not have population-based YRBS data.) In addition, California does not collect data on abortion, making direct estimates of teen pregnancy rates impossible. Importantly, teen fertility rose nationwide and in California and Texas in the late 1980s. This increase, although partially explained by decreases in abortion among pregnant teens, is otherwise poorly understood.

Tortolero et al. offer useful suggestions to Texas to help reduce rates of teen childbearing. First, they propose providing medically accurate, comprehensive sexuality education in Texas schools. While we wholeheartedly agree with this recommendation, education alone is not sufficient to reduce teen birth rates. Targeting public health efforts to areas with the highest rates, as suggested by Tortolero et al., is another widely used public health strategy.

Tortolero et al. suggest initiating a statewide media campaign focusing on teen pregnancy prevention and building public-private partnerships for primary prevention. We note that creating public dialogue and building political and social consensus around public health issues, such as teen pregnancy and HIV, may be effective in prevention. For example, HIV prevention efforts among youth in Africa and pregnancy prevention initiatives in European countries have often proceeded best when there has been dialogue among the public and political leaders.[9,10] Obviously, however, such efforts need to be tied to effective public health programs.

Tortolero et al. conclude by recommending that Texas mandate insurance coverage of birth control and minimize barriers for teens in obtaining family planning services. Given prior research demonstrating that increased birth control use has been a primary factor in reducing rates of teen births in the United States and in Europe,[8,11,12] we believe these final suggestions for improving teen access to contraception are the most significant steps that political leaders in Texas can take toward reducing the state teen birth rate. Research on long-acting reversible contraception (LARC) suggests that these methods may contribute to continued progress in reducing unintended teen pregnancy.[13,14]

We would add one additional recommendation. As Tortolero et al. note, teens in Western Europe have far lower birth rates than American teens. While the social, political, and economic factors shaping this disparity are complex, one notable difference between the US and Europe is greater European acceptance of teen sexuality and the realities of adolescent sexual behavior. Schalet notes that while American parents tend to dramatize adolescent sexuality and emphasize its dangers and difficulties, European parents tend to normalize teen sexuality and view it as a normal part of adolescent development.[10,15] Policy-makers from Texas, California, and the other 48 states should consider lessons learned in Europe to promote adolescent sexual health and reduce teen pregnancy.

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