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Trends in the Selected Causes of Teen Birth Rate Variations

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Abstract
The strengths of the study by Wingo et al. [1] on trends in birth rates among teens is the accuracy of the description of the trends nationally among different demographic groups, and the clarity of the writing, figures and tables. Their only major weakness is the assumption of cause and effect in producing these trends. In particular, the assumption that changes in birth rates are due to increases or decreases in educational intervention programs is unsupported and unfounded.

The study by Wingo et. al. [1] of the Center for Disease Control (CDC) concluded that teen birth rates have been stable, except for a trend towards increased birth rates in 18-19 year old Hispanic teens, and that this indicates a need for renewed attention to effective teen pregnancy prevention programs for this special population. This conclusion has no grounds as explained below.

First, the implicit idea that increases and decreases of teen birth rates are due to increases and decreases in prevention programs is an unexplained assumption. The authors only vaguely addressed other possible factors behind the pregnancy rates. The implication is that this group of teens has already received attention. No evidence for this was provided, and it is unlikely, in our opinion, that this is the case. The author's focus on the relatively new demographic classifications of Hispanic or non-Hispanic origin contributed to this idea because it gave an illusion that Hispanic teens themselves are new.

Second, another recent CDC descriptive study by Mathews et al. [2] recently found that rates of teen births for Hispanic teens were highest in the southeast in 2007, the latest data available to them. These authors attribute the higher rates in the southeast to socioeconomics, higher sexual activity, lack of contraceptive use, and child-rearing attitudes based on yet another CDC study that was also descriptive and unable to address such questions of causation. The cause is not a mystery, however. Nor is it due to socioeconomics or higher sexual activity. The cause of higher birth rates in teens of the southeast, including older Hispanics, is due to the prevalence of convictions against abortion in the south [3, 4]. For all of the millions

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of dollars that go into CDC studies, it is unfortunate that they base their conclusions on apparently incorrect guesses, which are consequently spread as scientific fact by the news media, potentially misleading large numbers of the public and policymakers.

Third, the conclusion called for renewed attention to effective teen pregnancy prevention programs. This is assumes that there is such a thing as an effective teen pregnancy prevention program. Bennett and Assefi [5] reviewed studies on the effectiveness of such programs over a period of two decades and found that the most programs were ineffective or weakly effective for a short period at best. Therefore, the idea that changes in national teen birth rates could be caused by or can be changed by these programs is untenable.

The amount of work required of the study by Wingo et al. (2010), where each and every teen birth in the nation is captured with a high degree of accuracy, is appreciated. The value of their findings as a surveillance tool is unrivaled. Nevertheless, if researchers anywhere want to draw conclusions about the cause of higher teen birth rates or other trends in any population, descriptive research needs to be replaced by experimental using control groups and random assignment.

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REFERENCES

1. Wingo PA, Smith, RA, Tevendale, HD, et. al. Recent Changes in the Trends of Teen Birth Rates, 1981-2006. Journal of Adolescent Health. In press.
2. Mathews TJ, Sutton PD, Hamilton BE, et al. State disparities in teenage brith rates in the United States. NCHS Data Brief 2010; 46:1-8.
3. Adamczyk A. The effects of religious contextual norms, structural constraints, and personal religiosity on abortion decisions. Social Science Research 2008;37:657–672.
4. Cohen, EN. Disclosing Religious Restrictions in Health Care: Balancing Individual and Institutional Preferences. Gender Medicine 2004;1:8-11.
5. Bennett SE, Assefi NP. School-based teenage pregnancy prevention programs: A systematic review of randomized controlled trials. Journal of Adolescent Health 2005;36:72–81.