

# The Impact of Requirements for Parental Consent On Minors' Abortions in Mississippi

By Stanley K. Henshaw

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*Mississippi data for 1993 indicate that the state's new parental consent requirement had little effect on the abortion rate among minors. In a comparison of Mississippi residents who had abortions during the five months before and the six months after the law went into effect, the ratio of minors to adults who sought abortions in the state declined by 13%, a decrease offset by a 32% increase in the ratio of minors to adults who obtained abortions out of state. There was also a 28% drop in the ratio of minors to adults from other states who had abortions in Mississippi. The parental consent requirement increased by 19% the ratio of minors to adults who obtained their procedure after 12 weeks of gestation.*

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In recent years, increasing numbers of states have enacted laws requiring or encouraging parental involvement for minors seeking abortions. As of February 1995, 26 states had such laws in effect: Seven states require one parent to be notified before an unemancipated minor can have an abortion, four require two parents to be notified, 12 require one parent to give consent and three require the consent of both parents. Because the Supreme Court held in *Planned Parenthood of Central Missouri v. Danforth*<sup>1</sup> and *Bellotti v. Baird*<sup>2</sup> that states cannot allow parents an absolute veto of abortion, almost all of the enforced laws allow a minor to seek a waiver from an alternative decision-maker, usually a judge.\*

Proponents and opponents of parental involvement requirements disagree on the probable impact of such laws on the quality of minors' pregnancy resolution decisions and on minors' short- and long-term health, family relationships and communication, pregnancy avoidance and birthrates. However, there have been few empirical evaluations of these and other possible effects, and the topic has proved difficult to research. Only in Massachusetts and Minnesota have statistical analyses of trends in numbers of abortions and births been reported.<sup>3</sup> In many states, such studies are difficult to conduct because of the

unavailability of information about the numbers of minors who avoid parental involvement requirements by obtaining abortion services in neighboring states.

Mississippi is an exception in that neighboring states collect information on most Mississippi women who go there for abortion services. This research note uses data from the Mississippi Health Department, including information it obtained from other states, to test the hypotheses that the Mississippi parental consent law reduced the number of resident minors having abortions, increased the number of Mississippi minors who have abortions in other states, decreased the number of minors from other states who go to Mississippi for abortion services, and lengthened the period of gestation at which minors' abortions are performed.

The Mississippi law requires an unemancipated minor seeking an abortion in the state to first obtain the written consent of both parents.<sup>4</sup> Only the custodial parent's consent is needed if the parents are divorced or living apart, and only one parent need sign if the other parent is not available in a reasonable time and manner. A minor who prefers not to consult her parents or whose parents do not consent to the abortion may apply to a court for waiver of the requirement. The court is to allow the waiver if it finds "that the minor is mature and well-informed enough to make the abortion decision on

her own; or that the performance of the abortion would be in the best interests of the minor."<sup>5</sup> Court records are to be kept confidential. The law contains an exception to the parental consent requirement for medical emergencies. Physicians who fail to comply with the consent requirement may lose their medical license.

Although the law was passed in 1986, its constitutionality was challenged in federal court, and enforcement was delayed until June 16, 1993. No other abortion restrictions took effect during 1993, so a relatively clear comparison can be made of the situation before and after the law took effect.

To evaluate the impact of the law, we obtained special tabulations of data from the Mississippi State Department of Health on women having abortions. Mississippi requires providers to file a reporting form with the health department for each abortion performed in the state. In 1992, abortion providers in Mississippi reported 7,550 abortions (rounded to the nearest 10) to The Alan Guttmacher Institute, while the Mississippi Health Department reported 7,555 abortions. Reporting therefore appears to be complete, which is to be expected in view of the small number of abortion providers in the state (eight in 1992).

Through cooperative agreements, Mississippi also obtains information on Mississippi residents who have abortions in nearby states. For 1993, large numbers of abortions for Mississippi residents were reported by Alabama and Tennessee, which, like Mississippi, have fairly complete reporting. None were reported by Louisiana, however, which does not track women from out-of-state.

We assessed the impact of the parental consent law by comparing abortion data for January through May 1993, before the law took effect, with data for July through

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\*Only Idaho and Utah have no waiver provision.

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December. (June was omitted from the analysis because the law was in effect for about half of that month.) Because the number of abortions is influenced by the time of year and by other factors, some unknown or unmeasured, we adopted the strategy of calculating the ratio of the number of abortions obtained by minors (women younger than age 18) to the number obtained by women aged 18 or older.\*

This approach assumes that in the absence of any influence of the law, the ratio would remain about the same before and after the law went into effect. All women aged 18 or older were used for comparison rather than only those aged 18–19, the most comparable age-group, because using the smaller number of women aged 18–19 would increase the random variation in the ratio based on that group and would decrease the likelihood that a small effect would be detected.

The ratio controls for seasonal and other influences that affect women of all ages, but seasonal patterns of abortions for minors may differ from those for older women. As a check on this, we tabulated all 274,094 abortions reported by 14 states in 1988 and recorded on a data tape created by the National Center for Health Statistics. (The last year for which such a data tape was created was 1988.) For the period January through May 1993, minors' abortions amounted to 0.1163 of the abortions obtained by older women, while in July through December 1993, that proportion was 2.2% higher, or 0.1188 ( $p < .10$ ;  $\chi^2 = 3.07$ , 1 df). Thus, if the law had no effect, one would expect little change or perhaps a small increase between the two periods in the ratio of abortions obtained by minors to abortions obtained by older women.

If a parental involvement law does affect the number of abortions among teenagers, it might also affect the number of births six months after it takes effect, either by increasing births among pregnant minors who are deterred from having an abortion or by decreasing births among minors by heightening their motivation to prevent pregnancy. Unfortunately, it is too early to obtain data on births, and no data are available on other possible effects of the Mississippi law, such as improved contraceptive use and illegal abortion.

## Results

During the first five months of 1993, the number of abortions performed in Mississippi for minors equalled 0.126 of the number obtained by older women (Table 1). In July through December, after the parental consent law took effect, the ratio was 0.106,

16% lower than the earlier ratio of 0.126. This result supports the hypothesis that the law affected the number of minors obtaining abortions in the state.

The effect was particularly strong—a decrease of 28%, from 0.120 to 0.087—among minors from other states seeking abortion services in Mississippi. It is not known whether these minors obtained abortion services in their home state or elsewhere in place of services they would have found in Mississippi.

Among Mississippi residents having an abortion in the state, the ratio of minors to older women decreased by 13%, from 0.127 to 0.111 after the law went into effect. However, this decline was largely offset by a 32% increase in the ratio of minors to older women among Mississippi residents traveling to other states for abortion services. Overall, among Mississippi residents who had an abortion either in Mississippi or in another state, the ratio of minors to adults having an abortion under the new restrictions decreased by 3%, which does not approach statistical significance. If the seasonality of minors' abortions differs from that of adults as indicated above, the decrease is 2% greater, or 5%. On the other hand, if, as is likely, an increased number of minors obtained an abortion in Louisiana, the decrease was less than 5%.

In interpreting this finding, one should keep in mind the relatively small number of cases and consequent possibility of random error. Confidence interval calculations indicate that a decrease as large as 18%, including the seasonality adjustment and assuming no increase in minors going to Louisiana for an abortion, cannot be ruled out. Nevertheless, the data provide little support for the hypothesis that the Mississippi parental consent law substantially reduced the abortion rate among minors.

One concern about parental involvement laws is that they might increase the gestational age at which minors obtain abortion services. Delay can result if minors put off telling their parents about their pregnancy, if they go to court before having the abortion or if they take time to arrange for travel to another state for services. To determine whether minors were having abortions at later stages of pregnancy after the law took effect, we estimated the mean gestations of abortions ob-

**Table 1. Among women having an abortion in 1993, ratio of minors to adult women, by time period, and percentage change in ratio; all according to woman's residence and state where abortion was performed**

States of residence and abortion	No. of abortions	Ratio, Jan.–May	Ratio, July–Dec.	% change
All women, in Mississippi	5,550	0.126	0.106	-16**
Nonresidents, in Mississippi	1,066	0.120	0.087	-28*
Mississippi residents	5,946	0.126	0.122	-3
In Mississippi	4,484	0.127	0.111	-13
In other states	1,462	0.120	0.158	32**

\* $p < .10$  (1-tailed); \*\* $p < .05$  (1-tailed) by  $\chi^2$  tests of significance.

tained by minors and older women in the two time periods from data grouped into six gestation intervals and calculated the proportions who had abortions later than 12 weeks after their last menstrual period.

The mean gestation among minors increased between the two time periods, while that among women aged 18 or older decreased slightly. The results suggest that minors, on average, were delayed by about three days. This delay is marginally statistically significant ( $t = 1.278$ ,  $p = .10$ , one-tailed). The proportion of minors having an abortion past 12 weeks of gestation increased from 22% to 25%, while the proportion among older women declined from 13% to 12%. Thus, although these differences are not statistically significant, they indicate that minors who obtained an abortion under the parental consent law may have been about 10–20% more likely to do so after 12 weeks of gestation.

Although the average delay of three days is not large, it includes many minors who would have consulted their parents without legal impetus and would therefore not have been delayed by the law. Thus, the minors affected by the law were on average delayed more than three days, and their probability of being pushed past

\*A different statistical approach would be to conduct a time-series analysis using monthly data. However, such an analysis could detect only large effects because of the small number of data points (the 11 relevant months in 1993) and wide random month-to-month variation caused by the relatively small number of Mississippi minors having abortions each month. Monthly data from prior years might be misleading because of factors that could have affected minors and older women to different degrees: a 24-hour waiting period requirement instituted in August 1992 (see: F. A. Althaus and S. K. Henshaw, "The Effects of Mandatory Delay Laws on Abortion Patients and Providers," *Family Planning Perspectives*, 26:228–231 & 233, 1994) and a change in abortion providers in 1991. (One provider's practice was taken over by another provider, who closed the office and had telephone calls forwarded.) In addition, statistics on Mississippi women who had an abortion out of state before 1991 are incomplete, because there are no data on adult women who had an abortion in Alabama before that year.

12 weeks would have been greater than the overall probability of 10–20%.

## Discussion

A study of the impact of a parental notification law in Minnesota found that the number of abortions obtained by minors fell while the number of births continued a long-term downward trend, leading the authors to conclude that the law had led to a decrease in pregnancies.<sup>6</sup> A study in Massachusetts, on the other hand, found a relatively small effect of a parental consent law on the number of abortions and births but a significant increase in the number of Massachusetts minors who traveled to neighboring states for abortion services.<sup>7</sup> Mississippi appears to follow the Massachusetts pattern, with little or no effect on the abortion rate among minors but a large increase in the proportion of minors who travel to other states to have abortions, along with a decrease in minors coming from other states to Mississippi. One should keep in mind, however, that because the seasonality of abortion among minors may differ from that among adults and because random error may exist in the data, an effect of the abortion law greater than the observed 3% decrease in abortions among minors cannot be ruled out.

Although all the states bordering on

Mississippi were enforcing parental involvement requirements in 1993, several of those laws were less restrictive than Mississippi's. In Tennessee, a court decision interpreted that state's law to allow a physician to waive the one-parent notification requirement if he or she perceived that consulting parents would involve a threat to the minor's physical or psychological health, including risk of abuse and any other justifiable mental or physical reason.<sup>8</sup> Alabama and Louisiana require the consent of only one parent, so some minors may travel to those states with one parent, usually their mother, to avoid involving the other parent.

The study in Minnesota found that under the notification requirement, a greater proportion of minors having an abortion did so during the second trimester. (In Massachusetts, no data on gestation were available.) The Mississippi experience supports the hypothesis that parental involvement requirements cause a delay in when minors obtain abortions, although the number of cases is too small to yield more than a marginally statistically significant result. The risk of complications increases by about 20% for each additional week past eight weeks,<sup>9</sup> although induced abortion is relatively safe at all points in gestation.

Studies of the effects of parental in-

volvement requirements on minors' pregnancy, abortion and fertility rates have reached varying conclusions, and more research is needed to further define these effects and the conditions under which they occur. Such research must take accurate account of changes in the numbers of minors who cross state lines to obtain abortion services, because these changes can be large enough to affect the conclusions one would draw about the laws' impacts.

## References

1. *Planned Parenthood of Central Missouri v. Danforth*, 428 U.S. 52 (1976).
2. *Bellotti v. Baird*, 443 U.S. 622 (1979).
3. J. L. Rogers et al., "Impact of the Minnesota Parental Notification Law on Abortion and Birth," *American Journal of Public Health*, 81:294–298, 1991; and V. G. Cartoof and L. V. Klerman, "Parental Consent for Abortion: Impact of the Massachusetts Law," *American Journal of Public Health*, 76:397–400, 1986.
4. Miss. Code Ann. §41-41-51 through 41-41-63.
5. *Ibid.*, §41-41-55 (3).
6. J. L. Rogers et al., 1991, *op. cit.* (see reference 3).
7. V. G. Cartoof and L. V. Klerman, 1986, *op. cit.* (see reference 3).
8. *Planned Parenthood Association of Nashville v. McWhorter*, No. 92C-1672 (1st Circuit Ct., Davidson County, Mar. 3, 1994).
9. C. Tietze and S. K. Henshaw, *Induced Abortion: A World Review*, 1986, sixth ed., The Alan Guttmacher Institute, New York, 1986, p. 103.