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# The University of Georgia

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Writer: **Sam Fahmy**, 706/542-5361, [sfahmy@uga.edu](mailto:sfahmy@uga.edu)  
Contact: **Angela Fertig**, 706/542-9332, [afertig@uga.edu](mailto:afertig@uga.edu)

## **Study: Lower legal drinking age increases poor birth outcomes**

Athens, Ga. – Amid renewed calls to consider reducing the legal drinking age, a new University of Georgia study finds that lower drinking ages increase unplanned pregnancies and pre-term births among young people.

“Our findings suggest that a lower drinking age increases risky sexual behavior among young people, and that leads to more unplanned pregnancies that result in premature birth and low birth weight,” said study author Angela Fertig, assistant professor in the UGA College of Public Health. “The take-home message is that when it’s easier for young people to get alcohol, birth outcomes are worse.”

Fertig, who is also a public service assistant in the university’s Carl Vinson Institute of Government, co-authored the study with Tara Watson, assistant professor of economics at Williams College in Massachusetts. Their results appear in the May issue of the *Journal of Health Economics*.

The team examined birth records and survey data on alcohol use for the years 1978 to 1988, a period when state minimum drinking age laws were in flux. Fertig said the consensus among researchers is that a higher minimum drinking age reduces fatal car crashes and alcohol consumption among young adults, but there is little data on how drinking age laws influence infant health. The researchers found that a drinking age of 18:

- Increases prenatal alcohol consumption among 18- to 20-year-old women by 21 percent;
- Increases the number of births to 18- to 20-year-olds by 4.6 percent in white women and 3.9 percent in 18- to 20-year-old African-American women;
- Increases the likelihood of women under age 21 having a low-birth weight baby by 6 percent (4 percent for white women and 8 percent for African-American women); and
- Increases the likelihood of premature birth by 5 percent in white women under age 18 and by 7 percent in African-American women under age 18.

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Fertig noted that in many cases the impact of a reduced drinking age disproportionately falls on African-Americans. The researchers found that a drinking age of 18 increases the probability of an unplanned pregnancy by 25 percent for African-American women, for example.

The team's analysis revealed that the negative birth outcomes associated with a lower drinking age aren't the direct result of prenatal alcohol consumption on fetal health. Instead, a lower minimum drinking age results in more unplanned pregnancies, which are known to be associated with poorer infant health outcomes.

"Teenagers who get pregnant unexpectedly are less likely to receive good prenatal care and may not take as much interest in the child as someone who tried to get pregnant," Fertig said. "As a result of these behaviors on the mom's part, the child ends up with worse outcomes."

Last year, a group known as the Amethyst Initiative comprised of more than 100 college and university presidents and chancellors signed a statement encouraging discussion about lowering the legal drinking age. Fertig said her study broadens the debate by adding a new dimension that until now has not been considered.

"There are consequences to lowering the drinking age beside traffic fatalities," Fertig said. "There's this potentially big effect on birth outcomes, and to me that argues that we should leave the minimum drinking age where it is."

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**Note to editors:** UGA President Michael F. Adams was not among the signers of the Amethyst Initiative statement.

**Note to editors:** A photo of Fertig is available for download at <http://www.photo.alumni.uga.edu/news/23636-010.jpg>