

# Unintended Pregnancy Among Young People in the United States

## Dismantling Structural Barriers to Prevention

Largely due to increased contraceptive use, teen pregnancy and birth rates have declined since their peak in 1990.<sup>1</sup> But 750,000 teens become pregnant each year – the vast majority (82 percent) of these pregnancies unintended.<sup>2,3</sup> Teens need youth-friendly services and complete, accurate information about abstinence, condoms, and contraception in order to protect themselves from unintended pregnancy. But they also need to be able to envision a positive future for themselves: one in which education, employment, and healthy relationships are possible. Helping young people prevent unintended pregnancy is a challenge that teens, parents, youth serving professionals, policy makers, and society as a whole must face.

### U.S. TEEN PREGNANCY, BIRTH, AND ABORTION RATES HAVE DECLINED OVERALL, BUT ARE STILL HIGHER THAN THOSE IN MANY INDUSTRIALIZED NATIONS

- In 2006, the most recent year for which information is available, the estimated U.S. teen pregnancy rate was 71.5 pregnancies per 1,000 young women ages 15 to 19. The rate rose slightly from 69.5 between 2005-2006 (with a decline in teen contraceptive use as one possible explanation).<sup>2,4</sup> But overall, the rate has dropped significantly (39 percent) since 1990 when it peaked at a rate of 116.9.<sup>2</sup>
- The birth rate for teens ages 15-19 has fluctuated slightly in recent years, but in 2009, fell to its lowest point ever, of 39.1 births per 1000 young women ages 15-19. Overall, the rate has declined 35 percent since its peak in 1990. In 2009, 409,840 teens gave birth.<sup>5,6</sup>
- In 2007, among young women 15-19, 14.5 out of every 1000 obtained an abortion. The teen abortion rate has fallen by 25 percent since 1998.<sup>7</sup>
- By comparison, the United States' teen pregnancy rate is over four times that of the Netherlands (14.1) over three times that of Germany (18.8), and almost three times that of France (25.7). The United States' teen birth rate is nearly eight times higher than that of the Netherlands' (5.3), over five times higher than France's (7.1), and over four times higher than Germany's (9.6).<sup>2,8,9</sup>

### OLDER TEENS ACCOUNT FOR THE MAJORITY OF TEEN PREGNANCIES, BIRTHS, AND ABORTIONS – BUT MANY THOUSANDS OF YOUNGER TEENS ARE AFFECTED

- The pregnancy rate among teens ages 15-17 was 38.9 in 2006, with teens in this age group experiencing a little under a third of the total number of teen pregnancies. The pregnancy rate among teens ages 18-19 was 122.3 in 2006, with teens in this age group experiencing two thirds of the total number of teen pregnancies.<sup>2</sup>
- The birth rate among teens ages 15-17 was 20.1 in 2009; over 117,000 teens ages 15-17 gave birth. The birth rate among teens ages 18-19 was 66.2 births per 1000 teens; over 240,000 teens ages 18-19 gave birth. Over a thousand youth under the age of 14 gave birth.<sup>6</sup>
- Like the pregnancy and birth rates, the abortion rate among teens rises as teens age. The abortion rate for fifteen year olds is 4.6 abortions per 1000 young women; for 16 year olds, 8.6; 17 year olds, 13.0; 18 year olds, 21.9; and 19 year olds, 26.7.

### YOUNG WOMEN IN THEIR TWENTIES EXPERIENCE MANY UNINTENDED PREGNANCIES

- One-third of all unintended pregnancies are to young women in their twenties. Eighty-six percent of pregnancies among unmarried women in their twenties are unplanned.<sup>10</sup>
- Women in their twenties account for 57 percent of abortions in the U.S and have the highest abortion rates of any age group - 29.4 abortions per 1,000 women aged 20-24 years and 21.4 abortions per 1,000 women aged 25-29 years.<sup>7</sup>
- Unintended pregnancy among young women in their twenties affects women of all races, education levels, and income levels.<sup>10</sup>

### YOUTH OF COLOR EXPERIENCE PREGNANCY AND BIRTH AT DISPROPORTIONATE RATES, WHILE WHITES ACCOUNT FOR THE HIGHEST NUMBERS

- Teen pregnancy rates have declined to varying degrees among racial/ethnic groups. Since 1990, for young women ages 15-19, the pregnancy rate has declined 44 percent for African Americans, 22 percent for Hispanics, 56 percent for Asians/Pacific Islanders, and 38 percent for whites.<sup>2,5</sup>

THE FACTS

# Teens who have low expectations for their futures or feel that they lack control over their lives are more likely to experience pregnancy.

- Among races/ethnicities, young white women experience the majority of pregnancies and births. Young white women ages 15-19 experienced just under 279,000 pregnancies in 2006, compared to 206,000 among African Americans and 209,000 among Hispanics.<sup>2</sup> In 2009, 159,526 young white women ages 15-19 gave birth, compared to 98,425 African Americans and 136,274 Hispanics.<sup>6</sup>
- African American and Hispanic teens are more than twice as likely to experience pregnancy as white teens. Per 1000 young women ages 15-19 in 2006, 126.3 African Americans became pregnant and 126.6 Hispanics became pregnant compared to 61.1 whites.<sup>2</sup>
- Teens of color are also more than twice as likely to give birth as white teens. Per 1000 young women ages 15-19 in 2009, 59 African Americans gave birth, 70.1 Hispanics gave birth, and 55.5 American Indian/Alaska Natives gave birth compared to 25.6 whites.<sup>6</sup>
- Among young women in their twenties, whites experienced 44 percent of unintended pregnancies, African Americans 32 percent, and Hispanics 19 percent.<sup>10</sup>

## TEEN PREGNANCY AND BIRTH CREATE BARRIERS TO SUCCESS FOR TEENS AND THEIR CHILDREN

- Young women who are teen mothers are less likely to attain a high school diploma by age 22 than those who are not (fifty-one percent compared to 89 percent).<sup>11</sup>
- Less than two percent of teen mothers complete college by age 30.<sup>12</sup>
- When earnings are compared over the first 15 years of motherhood, women who were teen mothers earn significantly less than women who were not. Teen mothers are also more likely to be on welfare.<sup>14</sup>
- Teen parents are at risk of subsequent pregnancy: over one fifth of births to teens in the U.S. are second births.<sup>14</sup> About one-fourth of teenage mothers have a second child within two years of their first birth.<sup>14</sup> Subsequent pregnancies can compound educational and financial difficulties for young women.

- Children of teen mothers are more likely to be born prematurely and/or at low birth weight than children of older mothers, placing them at higher risk for other health problems.<sup>15</sup>

## APPROACHES TO PREVENTING UNINTENDED PREGNANCY AMONG YOUNG PEOPLE MUST INCLUDE DISMANTLING STRUCTURAL BARRIERS

- Barriers to contraceptive access, poverty, and structural exclusion and disadvantage all contribute to young people's ability and motivation to prevent unintended pregnancy.
  - Among teens, pregnancy is both a cause and a result of poverty and low academic achievement. Teen pregnancy is part of the "cycle of poverty" in which very young mothers often stay poor, and their children are at increased risk for teen pregnancy, poverty, and lower academic outcomes.<sup>16</sup>
  - Teens are more likely to become pregnant as teens if their mother or sister gives birth as a teen, or if teen pregnancy is common in their community.<sup>17</sup>
  - Teens who have low expectations for their futures or feel that they lack control over their lives are more likely to experience pregnancy.<sup>18</sup>
  - Teen pregnancy can also be impacted by immigration status. For instance, Latino immigrant youth have lower rates of sexual activity and later sexual debut than non-immigrant children, but also fewer resources for obtaining quality health care and education; they subsequently have higher teen pregnancy rates than white youth.<sup>19</sup>
- Young people face many challenges to sexual health beyond pregnancy (including STIs and HIV, unhealthy relationships, developing sexuality, and mental health issues). In addition to helping young people prevent pregnancy, society must ensure their environment as a whole fosters reproductive and sexual health – including full access to health care, health information, and educational opportunities.<sup>19</sup>
- Empowering youth, and supporting women's reproductive decisions, means young people who become mothers should be supported, not stigmatized, by both government and culture.<sup>19</sup>

## CONCLUSION

Research has identified a number of effective programs for use in schools, communities, and clinics which can help teens prevent pregnancy. These programs share certain characteristics: they provide instruction on abstinence as well as contraception and condoms; they are age-appropriate and culturally competent; and they help teens build the specific skills they need to protect themselves.<sup>20,21</sup> In addition, open and honest parent-child communication about sex, sexuality, and re-

relationships helps teens lower their risk behaviors and increase their use of contraception.<sup>22,23,24,25,26</sup> But along with behavioral interventions, advocates should support structural interventions, including: redressing socioeconomic disparities that contribute to teen pregnancy; improving youth access to confidential contraception and other health services; and supporting youth development strategies that enhance young people's sense of empowerment and control and deepen connections to family and school.

By Emily Bridges, Director, Public Information Services, with contributions from Emily Hrin, Intern

Advocates for Youth © October 2011

## REFERENCES

1. Santelli, J. Explaining Recent Declines in Adolescent Pregnancy in the United States: The Contribution of Abstinence and Improved Contraceptive Use. *American Journal of Public Health*, January 2007: 97:1.
2. Kost K, et al. *U.S. Teenage pregnancies, births and abortions: National and state trends and trends by race and ethnicity*. Guttmacher Institute 2010.
3. Finer LB et al., Disparities in rates of unintended pregnancy in the United States, 1994 and 2001, *Perspectives on Sexual and Reproductive Health*, 2006, 38(2):90-96.
4. Santelli J et al. Changing Behavioral Risk for Pregnancy Among High School Students in the United States, 1991-2007. *Journal of Adolescent Health* 2009: 45(1).
5. Ventura SJ, Hamilton BE. U.S. teenage birth rate resumes decline. *NCHS data brief*, no 58. Hyattsville, MD: National Center for Health Statistics. 2011.
6. Hamilton, B. E., Martin, J. A., and Ventura, S. J. (2010). Births: Preliminary data for 2009. *National Vital Statistics Reports*, 59 (3). [http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59\\_03.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_03.pdf). Accessed 3/8/2011.
7. Pazol K et al. Abortion Surveillance – United States, 2007. *MMWR Surveillance Summaries*, 20011: 60(1). [http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6001a1.htm?&\\_cid=ss6001a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6001a1.htm?&_cid=ss6001a1_w). Accessed 3/8/2011.
8. Henshaw S. Personal Communication. Guttmacher Institute, October 31, 2007.
9. Lee, Laura, van, Ineke van der Vlucht, Ciel Wijzen, and FrankaCadée. 2009. Fact Sheet 2009: Tienerzwangerschappen, abortus en tienermoeders in Nederland: Feiten en Cijfers. Utrecht: Rutgers Nisso Groep.
10. The National Campaign to Prevent Teen and Unplanned Pregnancy. "Unplanned Pregnancy Among 20-somethings: The Full Story." May 2008, The National Campaign. Accessed from <http://www.thenationalcampaign.org/resources/pdf/briefly-unplanned-pregnancy-among-20somethings-the-full-story.pdf> on October 3, 2011.
11. Perper K, Peterson K, Manlove J. Diploma attainment among teen mothers. *Child Trends*, Washington, DC: 2010.
12. Hoffman, S.D., *By the Numbers: The Public Costs of Adolescent Childbearing*. 2006, The National Campaign to Prevent Teen Pregnancy Washington, DC.
13. Manlove J, Mariner C, & Papillo AR, Subsequent fertility among teen mothers: Longitudinal analyses of recent national data, *Journal of Marriage & the Family*, 2000, 62(2): 430-448.
14. Kalmuss, D.S., & Namerow, P.B., *Subsequent childbearing among teenage mothers: The determinants of closely spaced second birth*. *Family Planning Perspectives*, 1994, 26(4): p. 149-153.
15. Martin, J.A., Hamilton, B.E., Ventura, S.J., Menacker, F. & Kirmeyer, S., Births: Final Data for 2004. *National Vital Statistics Reports*, 2006. 55(1).
16. Basch CE. Healthier Students Are Better Learners: a Missing Link in School Reforms to Close the Achievement Gap. [Equity Matters; Research Review #6]. NY: Teachers College of Columbia University, 2010.
17. Coley RL, Chase-Lansdale PL. Adolescent pregnancy and parenthood: recent evidence and future directions. *American Psychologist*. 1998; 53:152-166.
18. Harden A. Teenage pregnancy and social disadvantage: systematic review integrating controlled trials and qualitative studies. *BMJ* 2009; 339.
19. Fuentes L, Bayetti Flores V, Gonzalez-Rojas J. Removing Stigma: Towards a Complete Understanding of Young Latinas' Sexual Health, New York: National Latina Institute for Reproductive Health, 2010.
20. Kirby D. *Emerging Answers 2007*. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2007.
21. Alford S et al. *Science and Success: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*. 2nd Edition. Washington, DC: Advocates for Youth, 2008
22. Weinman M, Small E, Buzi RS, Smith P. Risk Factors, Parental Communication, Self and Peers' Beliefs as Predictors of Condom Use Among Female Adolescents Attending Family Planning Clinics. *Child Adolesc Soc Work J* 2008;25:157-170.
23. Miller KS et al. Patterns of condom use among adolescents: the impact of mother-adolescent communication. *Am J Public Health* 1998;88:1542-44.
24. Hacker KA et al. Listening to youth: teen perspectives on pregnancy prevention. *J Adolesc Health* 2000;26:279-88.
25. Jemmott LS, Jemmott JB. Family structure, parental strictness, and sexual behavior among inner-city black male adolescents. *J Adolesc Research* 1992; 7:192-207.
26. Rodgers KB. Parenting processes related to sexual risk-taking behaviors of adolescent males and females. *J Marriage Fam* 1999;61:99-109.

**In addition to helping young people prevent pregnancy, society must ensure their environment as a whole fosters reproductive and sexual health.**

## MISSION

Established in 1980 as the Center for Population Options, Advocates for Youth champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health. Advocates believes it can best serve the field by boldly advocating for a more positive and realistic approach to adolescent sexual health.

## OUR VISION: THE 3RS

Advocates for Youth envisions a society that views sexuality as normal and healthy and treats young people as a valuable resource.

The core values of Rights. Respect. Responsibility.® (3Rs) animate this vision:

**RIGHTS:** Youth have the right to accurate and complete sexual health information, confidential reproductive and sexual health services, and a secure stake in the future.

**RESPECT:** Youth deserve respect. Valuing young people means involving them in the design, implementation and evaluation of programs and policies that affect their health and well-being.

**RESPONSIBILITY:** Society has the responsibility to provide young people with the tools they need to safeguard their sexual health, and young people have the responsibility to protect themselves from too-early childbearing and sexually transmitted infections (STIs), including HIV.

## SOME RELATED PUBLICATIONS FROM ADVOCATES FOR YOUTH

Adolescent Sexual Health in Europe and the US: The Case For A Rights. Respect. Responsibility.® Approach

Youth of Color—At Disproportionate Risk of Negative Sexual Health Outcomes

Adolescent Protective Behaviors: Abstinence and Contraceptive Use

See the complete library of publications at [www.advocatesforyouth.org/publications](http://www.advocatesforyouth.org/publications)