

Pregnancy and Childbearing Among U.S. Teens

In 2010, the teen birthrate in the United States fell to the lowest level recorded in nearly 70 years of tracking teen childbearing. Previously, U.S. teen pregnancy rates reached their lowest point in 2005, but increased again for the first time in a decade in 2006.

While the recent drop in U.S. teen birthrates is good news, a significant number of American teens have unintended, often unwanted, pregnancies each year, yielding negative outcomes for teenage parents, their children, and society in general. For example, teenage mothers are more likely to drop out of high school and live in poverty, and their children frequently experience health and developmental problems (Barnet et al., 2004; Breheny & Stephens, 2007; Federal Interagency Forum on Child and Family Statistics, 2011; Hofferth et al., 2001; Hoffman, 2006; Hoffman and Maynard, 2008). While millions of American families struggle individually with the emotional and economic challenges that unintended pregnancy can bring, teen pregnancy poses a significant financial burden to society at large — an estimated \$10.9 billion per year (NCPTUP, 2011).

While children need no permission from their parents to become parents, 36 states currently have laws in effect, or scheduled to take effect, that mandate parental consent or notification prior to a minor's abortion. Most of these states, however, allow a minor mother to place her child for adoption without her parents' involvement. Legislators in these states

have decided, in effect, that while young women may not be mature enough to decide for themselves to terminate a pregnancy, they are all mature enough to become mothers and to make medical and other life decisions for their children.

Despite Recent Declines in Teenage Pregnancy Rates, Three in Ten American Teens Still Experience Pregnancy

- Between 1990 and 2005, the national teen pregnancy rate fell 41 percent, from 116.9 to a record low of 69.5 pregnancies per 1,000 women aged 15–19. In 2006, it rose for the first time in more than a decade to 71.5 pregnancies per 1,000 women aged 15–19, an increase of three percent (Guttmacher Institute, 2010). The teen pregnancy rate in the U.S. is the highest among the most developed countries in the world, including Australia, Canada, England, France, Germany, Italy, Japan, Netherlands, Norway, Spain, and Sweden (“Birth, Abortion...,” 2006).
- Eighty-six percent of the decline through 2005 was a result of improved contraceptive use and the use of more effective contraceptive methods among sexually active teenagers, and 14 percent of this decline was attributable to increased abstinence (Santelli et al., 2007). Another study points out that another cause for the reduction of teen pregnancy was that

adolescents were increasingly substituting other kinds of sex play for vaginal intercourse (Weiss & Bullough, 2004).

The reversal in teen pregnancy rates in the mid-2000s occurred at the same time that abstinence-only programs became pervasive and the use of contraceptives among teens began to decline.

- In 2006, nearly 750,000 U.S. teenagers aged 15–19 became pregnant — about seven percent of teen girls (Guttmacher Institute, 2010).
- About 30 percent of American women become pregnant before the age of 20 (NCPTUP, 2008). Nearly 13 percent of sexually active American men between the ages of 15–19 report that they have fathered a pregnancy (Suellentrop & Flanigan, 2006).
- Approximately 82 percent of teenage pregnancies are unintended. In 2001, they accounted for one-fifth of all accidental pregnancies in the U.S. (Finer & Zolna, 2011).
- Teen pregnancy rates vary widely by race and ethnicity. In 2006, the pregnancy rate for non-Hispanic white teens was 44 per 1,000 women 15–19 years of age. The pregnancy rate for Hispanic teens was 126.6. For African-American teens it was 126.3 (Guttmacher Institute, 2010).
- Among teenage pregnancies in 2006, 32 percent resulted in abortion (Guttmacher Institute, 2010).

Factors that Increase the Risk of Teen Pregnancy

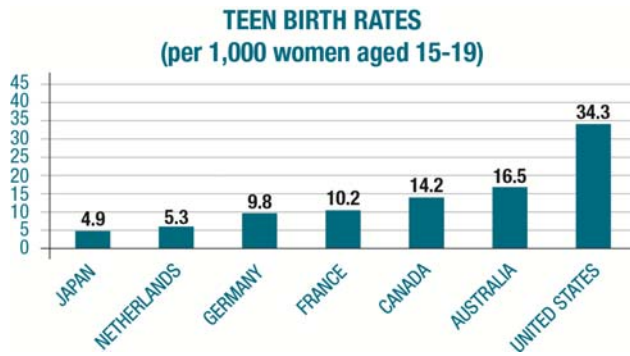
- Age of first sex is an important determinant of pregnancy risk. Forty-six percent of teenage girls and 22 percent of teenage boys who engage in their first sexual experience before the age of 15 have been involved in a pregnancy. For teens who engage in their first sex experience at age 15 or older, the risk declines to 25 percent and nine percent, respectively (Suellentrop & Flanigan, 2006).
- Teens who use contraception during their first sexual experience are less likely to experience a pregnancy. Twenty-seven percent of teen girls and 12 percent of teen boys who used contraception at first sex have been involved in

a pregnancy. For teens who did not use contraception at first sex, 43 percent of girls and 18 percent of boys have been involved in a pregnancy (Suellentrop & Flanigan, 2006).

- Teenage girls with older partners are more likely to become pregnant than those with partners closer in age. Likewise, teenage boys with older partners are more likely to father a child. A study found that 6.7 percent of women aged 15–17 have partners six or more years older than they are. The pregnancy rate for this group is 3.7 times as high as the rate for those whose partner is no more than two years older (Darroch et al., 1999). A later study found that women who had sex before age 16 with a partner three or more years older were more likely to have a teenage birth than others (41–46 percent vs. 19–34 percent). Men who had sex before age 16 with an older partner were more than twice as likely to father a child during their teenage years compared with those who postponed sex until age 16–17 (Manlove et al., 2006).
- The greater the number of sex partners, the more likely teens are to be involved in a pregnancy. Thirty-seven percent of teen girls and 18 percent of teen boys with three or more partners have either experienced or have been involved in a pregnancy. When the number of partners drops to less than two, only 25 percent of teen girls and nine percent of teen boys have experienced or have been involved in a pregnancy (Suellentrop & Flanigan, 2006).

The Rate of Teenage Childbearing in the U.S. Is the Highest Among the Most Developed Countries

- Despite the historically low current rate, the U.S. teenage birthrate is the highest among the most developed countries in the world: more than twice as high as Australia's and Canada's, more than three times as high as France's, three and a half times as high as Germany's, six and a half times as high as the Netherlands', and seven times as high as Japan's (Hamilton et al., 2011; United Nations, 2011).



- Reasons for the lower rates of teenage childbearing in these countries include
 - mandatory, medically accurate sexuality education programs that provide comprehensive information and encourage teens to make responsible choices
 - easy access to contraception and other forms of reproductive health care, including abortion
 - social acceptance of adolescent sexual expression as normal and healthy
 - straightforward public health media campaigns
 - government support for the right of teens to accurate information and confidential services (Berne & Huberman, 1999)
- In 2010, nine percent of all U.S. births were to teens (Hamilton et al., 2011).
- Preliminary findings show that in 2010, 367,752 women aged 15–19 gave birth, a rate of 34.3 live births per 1,000 women in this age group. This figure marks a nine percent decrease from the 2009 rate and a record low for the U.S. (Hamilton et al., 2011).
- The preliminary birthrate in 2010 for young teens was 0.4 births per 1,000 women aged 10–14, the lowest level ever reported. This reduction in birthrate is extremely encouraging because young teens have a higher risk of pregnancy complications (Hamilton et al., 2011).
- The preliminary teenage birthrate in 2010 was 17.3 births per 1,000 women aged 15–17, and 58.3 births per 1,000 women aged 18–19. That year, the birthrate for teens aged 15–19 was 55.7 per 1,000 for Hispanics, 51.5 per 1,000 for African Americans, and 23.5 per 1,000 for non-Hispanic whites. The rates for all race and Hispanic origin groups reached historic lows in 2010 (Hamilton et al., 2011).

- Eighty-eight percent of teens aged 15–19 — 95 percent aged 15–17 and 85 percent aged 18–19 — giving birth in 2010 were unmarried. In 2010, teens accounted for only 20 percent of all births outside of marriage — a decline from 50 percent in 1970 (Hamilton et al., 2011).
- A Guttmacher Institute analysis shows that this drop in teen birthrates “can be linked almost exclusively to improvements in teens’ contraceptive use.” While there was no significant change in sexual activity among women aged 15–19 years, teens use of hormonal contraceptive increased from 37.3 percent in 2006–2008 to 47.5 percent in 2008–2010. Use of more than one contraceptive method also increased from 16.1 percent to 23.2 percent, as did use of long-acting methods such as IUDs, growing from 1.4 percent to 4.4 percent (Guttmacher Institute, 2011a).

Teenage Childbearing and Parenting

- In general, teenage mothers do not fare as well as their peers who delay childbearing:
 - Their family incomes are lower.
 - They are more likely to be poor and receive public assistance.
 - They are less educated.
 - They are less likely to be married.
 - Their children lag in standards of early development. (Breheny & Stephens, 2007; Hoffman, 2006; NCPTUP, n.d.)
- Only 63 percent of teenagers who give birth before the age of 18 and 74 percent of teenagers who give birth between the ages of 18 and 19 either graduate from high school or receive their GED, as compared to approximately 85 percent of women who delay childbirth until their early 20s (Hoffman, 2006; Levin-Epstein & Schwartz, 2005).
- By the age of 30, only five percent of young teen mothers and 10 percent of older teen mothers complete at least two years of college, and less than two percent of young teen mothers and three percent of older teen mothers obtain a college degree. Comparatively, 21 percent of women who delay childbirth complete at least two years of college, and nine percent graduate (Hoffman, 2006).

- Nearly 80 percent of teen mothers receive some form of public assistance, i.e., food stamps, housing assistance, Temporary Assistance for Needy Families (TANF), or WIC vouchers (Acs & Koball, 2003). Teen mothers not only receive more financial assistance, but they also receive this assistance longer than do women who delay their childbirth (Hoffman, 2006; Levin-Epstein & Schwartz, 2005).
- In 2001, only 30 percent of teenage mothers received child support payments (Annie E. Casey Foundation, 2004).
- Although not as severe as those for teen mothers, the effects of early childbearing are also negative for teen fathers. They are more likely to engage in delinquent behaviors such as alcohol and drug abuse or drug dealing, and they complete fewer years of schooling than their childless peers (Tan & Quinlivan, 2006). One study found that the fathers of children born to teen mothers earned an estimated average of \$3,400 less per year than the fathers of children born to mothers who were 20 or 21, over the course of 18 years following the birth of their first child (Annie E. Casey Foundation, 1998).
- The children of teenage parents face severe health, economic, and social consequences. Because pregnant teens are less likely to receive adequate prenatal care, their babies are 17 percent more likely to be low birth weight; they are more likely to have childhood health problems and to be hospitalized than those born to older mothers (Martin et al., 2011; NCPTUP, n.d.).
- In 2007, the infant mortality rate for children born to teen mothers was significantly higher than the national infant mortality rate — 9.8 deaths per 1,000 live births versus 6.75, respectively. The infant mortality rate was highest for teens younger than 15 years of age — 14.53 deaths per 1,000 live births. The rate for infants of mothers aged 15–17 years was 10.27 (Mathews & MacDorman, 2011).
- The offspring of teenage mothers are more likely to be abused or neglected than those of women who delay childbearing, and they are less likely to receive proper nutrition, health care, and cognitive and social stimulation (Annie E. Casey Foundation, 1998; Hoffman and Maynard, 2008). A child born to a teenage mother is less likely to visit a medical provider (NCPTUP, n.d.).
- Children born to teen mothers are more likely to live in poverty. Seventy-eight percent of children born to unmarried teen mothers who did not graduate from high school live in poverty. Comparatively, the poverty rate for children born to mothers who postponed childbirth, are currently married, and received a high school diploma is nine percent (Annie E. Casey Foundation, 2007).
- Children born to teen mothers are also at greater risk of social behavioral problems and lower intellectual and academic achievement — one study found that children of teenage mothers are two and a half times as likely to be incarcerated during their adolescence or early 20s as are the children of older mothers (Hoffman and Maynard, 2008).
- Children born to teen mothers are less likely to graduate from high school and more likely to become teenage parents themselves than those born to women who delay childbearing (Hoffman and Maynard, 2008).
- Experts estimate that the annual costs of births to teens total about \$10.9 billion — or \$1,647 per child per year — in tax revenues, public assistance, child health care, foster care, and involvement with the criminal justice system (NCPTUP, 2011).

Few Teenage Mothers Choose Placing Their Children for Adoption

- More than 50 years ago, 95 percent of unmarried teen mothers placed their children for adoption (Resnick, 1992). Today, only two or three of every 100 teen pregnancies lead to births for which the mother makes an adoption plan (National Committee for Adoption, 1989; PRCH, 2009).
- Fewer than 10 percent of babies born to unmarried teenagers are placed in adoptive homes (National Committee for Adoption, 1989).
- In 40 states and the District of Columbia, a mother who is a minor may legally place her child for adoption without her parent's involvement (Gutmacher Institute, 2011b).

Teenage Abortion Rates Are Declining

- Between 1986 and 2006, the percentage of teenage pregnancies ending in abortion decreased by almost a third. In 2006, 32 percent of pregnancies among 15–19-year-olds end in abortion. This represents a one percent increase from the 2005 teen abortion rate (Guttmacher Institute, 2010).
- From 1988 to 2005, there was a decline in teen abortion rates, but the rate increased slightly in 2006 to 19.3 out of every 1,000 young women aged 15–19 (Guttmacher Institute, 2010). The decline was a result of fewer teen pregnancies, and in recent years, fewer teens choosing abortion, as well as increased difficulties in obtaining abortions (Finer & Zolna, 2011).
- Not all states report abortion to the U.S. Centers for Disease Control and Prevention (CDC), but in 2008, 17 percent of all abortions in the U.S. that were *reported* to the CDC were provided to women under age 20 — the total number of abortions in this age group was approximately 121,000 (CDC, 2011).
- Approximately 80 percent of teenage women younger than 17 and approximately 70 percent of teenage women aged 18–19 identified interference with school or career aspirations and financial problems as reasons for choosing an abortion (Finer et al., 2005).
- Access to confidential abortion services is essential to teenagers' health. Sixty-one percent of parents are involved in their daughters' abortion decisions. Those teens whose parents are not involved are frequently in unstable or abusive family situations (Henshaw & Kost, 1992). Thirty-six states have laws on the books that require parental consent or notification prior to a minor's abortion. As of November 2011, 30 of these laws are either currently in effect or scheduled to take effect in the near future (Guttmacher, 2011c). Laws that mandate parental involvement only victimize teens; they do not prevent them from obtaining abortion services. Instead, these laws, which contain judicial bypass provisions, increase the delays teens experience in receiving services, simultaneously increasing the physical and emotional health risks, as well as the costs.

Declines in Teenage Pregnancy and Childbearing Are Responsible for Overall Improvement in Child Well-Being

- Had the teenage birthrate not declined by one-third between 1991 and 2002
 - teen mothers would have given birth to 1.2 million additional children
 - the number of children living in poverty would have risen by 460,000
 - 700,000 additional children would be living in single parent homes (NCPTUP, n.d.).
- The decline in the teenage birthrate between 1991 and 2002 is responsible for approximately 26 percent of the decrease in the number of young children living in poverty, and 68 percent of the decrease in the number of young children living in single parent homes (NCPTUP, n.d.).

Cited References

- Acs, Gregory & Heather L. Koball. (2003, June 2, accessed 2007, August 7). "TANF and the Status of Teen Mothers under Age 18." [Online]. <http://www.urban.org/publications/310796.html>.
- Annie E. Casey Foundation. (1998). *Kids Count Special Report: When Teens Have Sex: Issues and Trends*. Baltimore, MD: Annie E. Casey Foundation.
- _____. (2004). *Kids Count 2004*. Baltimore, MD: Annie E. Casey Foundation.
- _____. (2007). *2007 Kids Count Data Book*. Baltimore, MD: Annie E. Casey Foundation.
- Barnet, Beth, et al. (2004). "Reduced School Dropout Rates Among Adolescent Mothers Receiving School-Based Prenatal Care." *Archives of Pediatric and Adolescent Medicine*, 158, 262–8.
- Berne, Linda & Barbara Huberman. (1999). *European Approaches to Adolescent Sexual Behavior and Responsibility*. Washington, DC: Advocates for Youth.
- "Birth, Abortion and Pregnancy Rates for Developed Countries, Ages 15–19." (2006, May 16). *Washington Post*. [Online]. http://www.washingtonpost.com/wp-srv/health/daily/051606/indepth_teenagepregnancy.html.
- Breheny, Mary & Christine Stephens. (2007). "Individual Responsibility and Social Constraint: The Construction of Adolescent Motherhood in Social Scientific Research." *Culture, Health & Sexuality*, 9(4), 333–46.
- CDC — Centers for Disease Control and Prevention. (2011, November 25, accessed 2011, November 29). "Abortion Surveillance — United States, 2008." *Morbidity and Mortality Weekly Report*, 60(SS-15).
- Darroch, Jacqueline E., et al. (1999). "Age Differences Between Sexual Partners in the United States." *Family Planning Perspectives*, 31(4), 160–7.
- Finer, Lawrence B. & Mia R. Zolna. (2011). "Unintended pregnancy in the United States: incidence and disparities, 2006." *Contraception*, 84(5), 478–485.
- Finer, Lawrence B., et al. (2005). "Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives." *Perspectives on Sexual and Reproductive Health*, 37(3), 110–8.
- Federal Interagency Forum on Child and Family Statistics. (2011, accessed 2011, November 29). *America's Children: Key*

- National Indicators of Well-Being, 2011*. [Online]. http://www.childstats.gov/pdf/ac2011/ac_11.pdf.
- Guttmacher Institute. (2010, accessed 2011, November 29). *U.S. Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity*. New York: Guttmacher Institute. [Online]. <http://www.guttmacher.org/pubs/USTPTrends.pdf>.
- _____. Guttmacher Institute. (2011a, accessed 2011, December 7). New Government Data Finds Sharp Decline in Teen Births: Increased Contraceptive Use and Shifts to More Effective Contraceptive Methods Behind this Encouraging Trend. New York: Guttmacher Institute. [Online]. <http://www.guttmacher.org/media/inthenews/2011/12/01/index.html>.
- _____. (2011b, November 1, accessed 2011, November 18). *State Policies in Brief: Minors' Rights as Parents*. [Online]. http://www.guttmacher.org/statecenter/spibs/spib_MRP.pdf.
- _____. (2011c, November 1, accessed 2011, November 18). *State Policies in Brief: Parental Involvement in Minors' Abortions*. [Online]. http://www.guttmacher.org/statecenter/spibs/spib_PIMA.pdf.
- Hamilton, Brady E., et al. (2011, accessed 2011, November 18). "Births: Preliminary Data for 2010." *National Vital Statistics Reports*, 60(2). Hyattsville, MD: National Center for Health Statistics. [Online]. http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_02.pdf.
- Henshaw, Stanley K. & Kathryn Kost. (1992). "Parental Involvement in Minors' Abortion Decisions." *Family Planning Perspectives*, 24(5), 196–207 & 213.
- Hofferth, Sandra L., et al. (2001). "The Effects of Early Childbearing On Schooling Over Time." *Family Planning Perspectives*, 33(6), 259–67.
- Hoffman, Saul D. (2006). *By The Numbers: The Public Costs of Teen Childbearing*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.
- Hoffman, Saul D., and Rebecca A. Maynard, eds. (2008). *Kids Having Kids: Economic Costs & Social Consequences of Teen Pregnancy*, 2nd edition. Washington, DC: The Urban Institute Press.
- Levin-Epstein, Jodie & Angie Schwartz. (2005, July-August). "Improving TANF for Teens." *Clearinghouse REVIEW Journal of poverty Law and Policy*, 183–94.
- Manlove, Jennifer, et al. (2006). "Young Teenagers and Older Sexual Partners: Correlates and Consequences for Males and Females." *Perspectives on Sexual and Reproductive Health*, 38(4), 197–207.
- Martin, Joyce A., et al. (2011, November, accessed 2011, November 29). "Births: Final Data for 2009." *National Vital Statistics Reports*, 60(1). Hyattsville, MD: National Center for Health Statistics. [Online]. http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_01.pdf.
- Mathews, T.J. & Marian F. MacDorman. (2011, July 29, accessed 2011, November 29). "Infant Mortality Statistics from the 2007 Period Linked Birth/Infant Death Data Set." *National Vital Statistics Reports*, 59(6). Hyattsville, MD: National Center for Health Statistics. http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_06.pdf.
- NCPTUP — National Campaign to Prevent Teen and Unplanned Pregnancy. (n.d.). *Fact Sheets: Why it Matters*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy. [Online]. http://www.thenationalcampaign.org/why-it-matters/pdf/WIM_Full%20Set.pdf. (2008). *Fact Sheet: How is the 3 in 10 statistic calculated?* [Online]. http://www.thenationalcampaign.org/resources/pdf/FactSheet_3in10_Apr2008.pdf.
- _____. (2011, June, accessed 2011, November 29). *Counting It Up: The Public Costs of Teen Childbearing: Key Data*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy. [Online]. <http://www.thenationalcampaign.org/costs/pdf/counting-it-up/key-data.pdf>.
- National Committee for Adoption. (1989). *Adoption Factbook: United States Data, Issues, Regulations and Resources*. Washington, DC: National Committee for Adoption.
- PRCH — Physicians for Reproductive Choice and Health. (2009, October, accessed 2009, August 2/April 28). *Adolescent Reproductive Health Education Project Curriculum*. [Online]. <http://www.prch.org/arhepdownloads>.
- Resnick, Michael D. (1992). "Adolescent Pregnancy Options." *Journal of School Health*, 62(7), 298–303.
- Santelli, John S., et al. (2007). "Explaining Recent Declines in Adolescent Pregnancy in the United States: The Contribution of Abstinence and Improved Contraceptive Use." *American Journal of Public Health*, 97(1), 150–6.
- Suellentrop, Katherine & Christine Flanigan. (2006, April, accessed 2009, March 13). *Science Says: Pregnancy Among Sexually Experienced Teens, 2002*. [Online]. http://www.thenationalcampaign.org/resources/pdf/SS/SS23_ExpTeens.pdf.
- Tan, Louisa H. & Julie A. Quinlivan. (2006). "Domestic Violence, Single Parenthood, and Fathers in the Setting of Teenage Pregnancy." *Journal of Adolescent Health*, 38, 201–7.
- United Nations. (2011, accessed 2011, November 29). *Demographic Yearbook, 2009-2010*. New York: United Nations. [Online]. <http://unstats.un.org/unsd/demographic/products/dyb/dyb2009-2010.htm>.
- Weiss, David & Vern L. Bullough. (2004). "Adolescent American Sex." *Journal of Psychology & Human Sexuality*, 16(2/3), 43–53.

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