

## ADOLESCENT PREGNANCY FACT SHEET

### STATISTICS

Adolescent pregnancy rates vary widely across **developed countries**, ranging from a low of 12 pregnancies per 1000 adolescents in the Netherlands to more than 100 pregnancies per 1000 adolescents in Russia. In general Japan and most western European countries have low adolescent pregnancy rates of less than 40 pregnancies per 1000 adolescents. Australia, New Zealand, Canada, and some European countries have moderate adolescent pregnancy rates of 40 – 60 pregnancies per 1000 adolescents. The United States, Russia, and three other eastern European countries have high adolescent pregnancy rates of more than 70 pregnancies per 1000 adolescents.<sup>1</sup> In addition, adolescents in the United States initiate sexual intercourse at a younger age (16.3 years on average) than do adolescents in France (16.6 years), Germany (17.4 years), and the Netherlands (17.7 years). “Societal openness and comfort in dealing with sexuality, including teen sexuality, and pragmatic governmental policies create greater, easier access to sexual health information and services for all people, including teens, in these nations. Easy access to sexual health information and services leads to better sexual health outcomes for French, German, and Dutch teens when compared to U.S. teens.”<sup>2</sup>

The percentage of American high school students who reported ever having sexual intercourse has decreased from 54.1% in 1991 to 46.8% in 2005. The percentage of high school students in Indiana who reported, in 2005, ever having sexual intercourse is 44.5%.<sup>3</sup>

#### Percent of U.S. High School Students Who Reported Engaging in Sexual Behaviors, 2005<sup>3</sup>

<u>Race/Ethnicity</u>	<u>Ever Had Sexual Intercourse</u>			<u>Currently Sexually Active</u>		
	<u>Female</u>	<u>Male</u>	<u>Total</u>	<u>Female</u>	<u>Male</u>	<u>Total</u>
White	43.7	42.2	43.0	33.5	30.6	32.0
Black	61.2	74.6	67.6	43.8	51.3	47.4
Hispanic	44.4	57.6	51.0	33.7	36.3	35.0
<u>Grade</u>						
9	29.3	39.3	34.3	19.5	24.5	21.9
10	44.0	41.5	42.8	31.1	27.2	29.2
11	52.1	50.6	51.4	40.8	37.9	39.4
12	62.4	63.8	63.1	51.7	47.0	49.4
Total	45.7	47.9	46.8	34.6	33.3	33.9

**Contraceptive use by adolescents** at first intercourse has increased significantly, primarily due to increased condom usage. In 1976 only 39% of sexually experienced females aged 15-19 used any form of birth control during their first intercourse.<sup>4</sup> This percentage rose to 48% in 1982, 65% in 1988, and 76% in 1995. There has been an increase in condom use by adolescents during their most recent intercourse from 46.2% in 1991 to 62.8% in 2005. However, oral contraceptive use decreased from 25.0% of sexually active adolescent females during their most recent intercourse in 1991 to 20.6% in 2005.<sup>3</sup>

The pregnancy rate for adolescents fell to 75.4 pregnancies per 1000 adolescents in 2002, a drop of 36% from 1990. This is the lowest rate since 1976, when national statistics on adolescent pregnancy rates first became available. This reduction in the pregnancy rate represents a reduction in both the adolescent birth rate (50.2 in 1986, 43.0 in 2002) and the adolescent abortion rate (42.3 in 1986, 33.5 in 2002).<sup>5</sup>

### Number of Pregnancies and Pregnancy, Birth and Abortion Rates Per 1,000 Women Aged 15-19, 2000<sup>5</sup>

Age	United States			Indiana		
	15-17	18-19	Total 15-19	15-17	18-19	Total 15-19
Number of Pregnancies	281,900	539,910	821,810	5,020	11,000	16,020
Pregnancy Rate	48	136	84	39	121	73
Birth Rate	27	78	48	26	82	49
Abortion Rate	14	38	24	7	20	12

In 2004, 415,408 **births** occurred to women aged 15-19 in the United States. The trends in adolescent birth rate are somewhat complicated. Birth rates fell substantially between the mid 1950s and 1976 and then more slowly until 1987. From 1987 to 1991 they increased rapidly. The adolescent birth rate fell to an all-time low in 2004 of 41.2 births per 1000 adolescents. This is a drop of 1% from 2003 and of 33% from 1991, when the rate was 61.8.<sup>6</sup>

The percentage of teenage pregnancies that end in **abortion** has fallen from a high of 45.7% in 1986 to 33.5% in 2002. Black teens ended their pregnancies by abortion approximately 42.6% of the time, non-Hispanic whites 31.5% of the time, and Hispanic teens 25.5% of the time.<sup>5</sup>

The incidence of **adoption** among teens has dropped sharply from the early 1970s. Most teens who choose to continue their pregnancies also choose to raise their children themselves, primarily as single parents. Among never-married women who gave birth before 1973, 8.7% relinquished their babies for adoption. This percentage dropped to 4.1% for the years 1973–1981, to 2% for 1981–1988, and to 0.9% for 1988–1995.<sup>7</sup>

In the United States in 2002 there were 17,340 reported pregnancies (7315 births, 7780 abortions) **in adolescents under the age of 15**. In this age group the pregnancy rate dropped from 13.5 in 1973 to 8.6 in 2002, the birth rate dropped from 6.1 in 1973 to 3.6 in 2002, and the abortion rate dropped from 5.6 in 1973 to 3.9 in 2002. In Indiana in 2000 there were 280 pregnancies, 128 births, and 110 abortions in adolescents under age 15.<sup>5</sup>

In 2004, 82.6% of adolescent births in the United States occurred outside of marriage.<sup>6</sup>

### Number and Percent of Births to Unmarried Parents, U.S.<sup>6</sup> and Indiana<sup>8</sup>, 2004

Age of Mother	Unmarried (US)	% Unmarried (US)	Unmarried (IN)	% Unmarried (IN)
10-14	6614	97.4%	117	100.0%
15-17	120,972	90.3%	2598	94.5%
18-19	221,348	78.7%	5620	83.6%

Non-Hispanic white adolescents accounted for 44.1% of all pregnancies among teenagers in 2000. Black teens accounted for 29.9% of the total and Hispanic teens 26%.<sup>5</sup>

### Number of Pregnancies and Pregnancy, Birth and Abortion Rates by Race and Ethnicity, 2000<sup>5</sup>

		<b>White</b>			
	<u>Number of Pregnancies</u>	<u>Pregnancy Rate</u>	<u>Birth Rate</u>	<u>Abortion Rate</u>	
United States	346,980	55	32	15	
Indiana	11,600	63	42	11	

  

		<b>Black</b>			
	<u>Number of Pregnancies</u>	<u>Pregnancy Rate</u>	<u>Birth Rate</u>	<u>Abortion Rate</u>	
United States	235,650	153	77	55	
Indiana	3,240	145	91	32	

  

		<b>Hispanic</b>			
	<u>Number of Pregnancies</u>	<u>Pregnancy Rate</u>	<u>Birth Rate</u>	<u>Abortion Rate</u>	
United States	204,980	138	87	30	
Indiana	1,020	not available	95	not available	

Adolescents from economically disadvantaged families and communities, with substance abuse or other behavior problems, who are behind in school and have low aspirations for their own educational attainment are more likely to have a child. Those adolescents who have a strong sense of future opportunities, family and religious values, social and economic support, supervision and alternate sources of status are more likely to delay sexual intercourse and to choose abortion or adoption if pregnancy occurs.<sup>4</sup>

When compared with **children** of mothers age 20 or 21, those born to mothers under the age of 18 were more likely to be born prematurely and 50% more likely to be of low birth weight. Children of adolescent mothers tend to suffer more health problems, but receive only half the level of medical care children of older mothers receive. They are also more likely to run away from home between the ages of 12 and 16 (5% compared to 2%), to be more likely to experience physical abuse and to be abandoned or neglected. They perform less well in school, being two to three times less likely to be rated “excellent” by their teachers and 50% more likely to repeat a grade. Only 77% of children of adolescent mothers receive a high school diploma by early adulthood compared with 89% of children of women aged 20 or 21. Daughters of women under age 18 are more likely to become mothers before age 18 themselves, while teen sons of adolescent mothers are 2.7 times more likely to go to prison than sons of older women.<sup>9</sup>

Women who have children before age 18 have a **high school graduation** rate of only 40% and another 23% earn a GED, compared to a 75% high school graduation rate for women who have their first child at age 20 or 21. Fewer than 2% of women who have children before age 18 complete college by age 30, compared to 9% of women who have their first child at age 20 or 21. Average yearly **earnings** among women aged 18-35 who had their first child before age 18 are \$3350 less than for women who were aged 20 or 21 when they first gave birth.<sup>10</sup>

Researchers estimate that **adolescent childbearing cost** the taxpayers at least \$9.1 billion dollars in 2004: higher public assistance benefits cost \$2.3 billion; increased medical expenses cost \$1.9 billion; increased incarceration expenses were \$2.1 billion; and loss of tax revenue amounted to \$2.9 billion. Births to women younger than age 18 account for \$8.6 billion of the total costs, while births to women age 18-19 account for \$0.4 billion.<sup>10</sup>

Studies of **adolescent pregnancy prevention programs** indicate that abstinence-only programs have not been shown to reduce sexual activity. Several sexuality education programs have been shown to delay the onset of and reduce the frequency of sexual intercourse, reduce the number of sexual partners, or increase the use of condoms

or other forms of contraception. Family planning programs where adolescents are engaged in one-on-one discussions, are given clear messages, and are provided with condoms or contraceptives increased the use of condoms and contraception. Certain service learning programs that do focus on issues other than sexuality have also been shown to reduce adolescent pregnancy.<sup>11</sup>

## ***LAWS***

In 1970 Title X of the Public Health Service Act was established to make sure contraceptive care was available to all women. Thirty-six years later it is still the only federal program dedicated exclusively to family planning. Any woman, regardless of her age, marital status, income, or health insurance status may go to a Title X clinic for family planning services. Fees are on a federally set sliding scale and fees for adolescents are based on their own income, rather than their parents'. All services must be provided on a confidential basis, so parents cannot be notified about the health services provided to their adolescents without their consent.<sup>14</sup>

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 states that in order to receive federal assistance, unmarried minor parents are required to live with a responsible adult or in an adult-supervised setting and participate in educational and training activities. The Act directed the Secretary of Health and Human Services to establish and implement a strategy to prevent non-marital teen births and assure that at least 25% of communities have teen pregnancy prevention programs. It directed the Attorney General to establish a program to study the link between statutory rape and teen pregnancy and that educates law enforcement officials on the prevention and prosecution of statutory rape.

Indiana law states that parental consent is required for an unemancipated woman under age 18 to receive prenatal health services from a health care provider. (IC 16-36-1-3)

A parent under the age of 18 may consent to an adoption without the concurrence of her parent or guardian. Indiana law requires that the biological father be notified of an impending adoption. If paternity has been established, his consent must be obtained, or a judge must approve the adoption. (IC 31-19-9-1)

Indiana law requires that an unemancipated woman under age 18 must have the written consent of one parent (not necessarily a custodial parent) or legal guardian before obtaining an abortion. A minor may attempt to bypass this parental consent requirement by petitioning the juvenile court for a waiver. (IC 16-34-2-4)

According to Indiana law any sexual activity with a child younger than age 14 is considered child molesting, which is a felony. (IC 35-42-4-3) Sexual activity between a person at least 18 years old and a person who is 14 or 15 years old is considered sexual misconduct with a minor, also a felony. (IC 35-42-4-9) All persons are required by Indiana law to report known or suspected child molesting or sexual misconduct with a minor to a local child protection service or law enforcement agency. (IC 31-35-5)

## ***PLANNED PARENTHOOD SERVICES AND POLICIES***

It is the policy of Planned Parenthood to ensure that adolescents have access to information about human sexuality and to reproductive health care services. Adolescents are encouraged to involve their parents and/or other responsible and concerned adults in their sexual decision-making when possible. Planned Parenthood opposes any limitations or restrictions on adolescents' access to confidential reproductive health services, including contraception, prenatal care, and abortion.<sup>12</sup>

Planned Parenthood also supports a range of activities designed to reduce adolescent pregnancy and childbearing, such as expanded sexuality education, increased accessibility to contraceptives and emergency contraception, and the development of contraceptive methods especially suited to adolescents. Planned Parenthood feels that in order for individuals to take responsibility for the consequences of their behavior, they must have access to comprehensive sexuality education.<sup>12</sup>

It is the policy of Planned Parenthood to encourage early pregnancy detection to all women without regard to age or marital or economic status. Planned Parenthood recognizes the importance of the relationship of early prenatal care to improved maternal and neonatal outcomes for women who elect to carry their pregnancies to term. In addition, Planned Parenthood recognizes the need to assure women sufficient time for reasoned deliberation of their fertility options. The Planned Parenthood Federation of America's guidelines for counseling and referral of pregnancy concerns state that a woman should be given the opportunity to consider:

- ◆ clinical information regarding the gestation of her pregnancy;
- ◆ any aspect of her medical evaluation which pertains to the options available to her;
- ◆ review of contraceptive history and plans;
- ◆ options available for continuing or terminating the pregnancy; and
- ◆ potential effect each option suggests for her future.

The patient must be allowed to choose among these options without coercion, either implied or overt. Her questions shall be answered factually and the decision must be left to her own best judgement.<sup>13</sup>

## **SOURCES**

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