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What Is Behind the Declines in Teen Pregnancy Rates?

By Heather D. Boonstra

The progress the nation has made over the last few decades in reducing teen pregnancy has been extraordinary. After years of increases in the 1970s and 1980s, the teen pregnancy rate peaked in 1990 and has declined steadily since.[1] Today, teen pregnancy, birth and abortion rates have reached historic lows. What is more, teen pregnancy rates have fallen in all 50 states and among all racial and ethnic groups.

Basically, teen pregnancy rates can decrease in one of two ways—if teens have less sex or become more effective contraceptive users—or through some combination of the two. The evidence clearly indicates that more and better contraceptive use has been the main factor driving the long-term decline in teen pregnancy. The evidence, however, is much murkier when it comes to deciphering the social, cultural and economic factors affecting teens' sexual behaviors and contraceptive use patterns. Deconstructing why teen pregnancy rates have fallen over the last several decades nonetheless matters, so that future programs, policies and practices can be shaped to help advance—rather than hinder—these positive trends.

The Declines

In 2010, some 614,000 U.S. teens became pregnant (which translates to a rate of 57 pregnancies per 1,000 women aged 15–19).[1] The overwhelming majority—82%—reported that their pregnancy was unplanned.[2] Put another way, about 6% of adolescents in the United States became pregnant in 2010.[1] This marks a 51% decline in U.S. teen pregnancy from a peak in 1990, including a 15% drop between 2008 and 2010. Similarly, the country's teen birthrate declined 44% from a peak in 1991 and its teen abortion rate declined 66% from a 1988 peak (see chart, page 16).

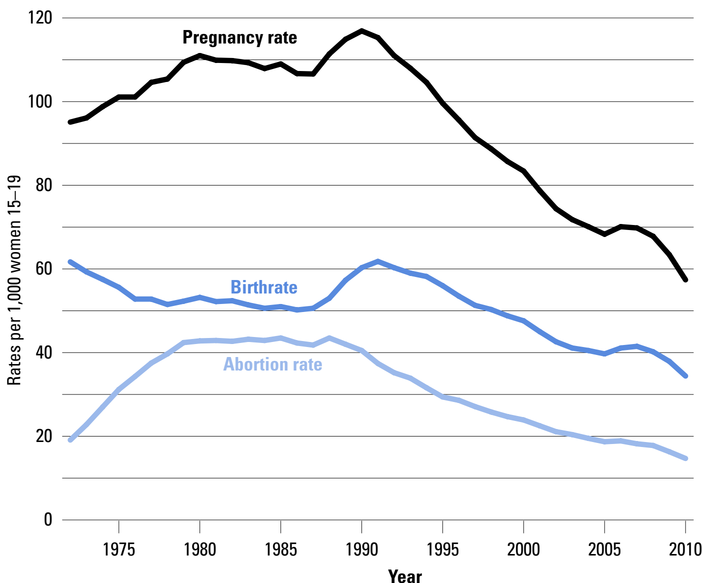
The teen pregnancy rate has declined not only for the nation as a whole, but also for every state. Between 1992 and 2010, state decreases ranged from 25% in West Virginia to 62% in California. Yet, substantial disparities remain among states: Maine, Massachusetts, Minnesota, New Hampshire and Vermont have consistently had the lowest teen pregnancy rates (28–37 per 1,000 in 2010), whereas Arkansas, Louisiana, Mississippi, New Mexico, Oklahoma and Texas have had the highest (69–80 per 1,000).

The decline in teenage pregnancy crosses racial and ethnic groups. Since the early 1990s, the rate has dropped 56% among both black and white teens, and by 51% among Hispanic teens. Nonetheless, wide disparities in pregnancy rates by race and ethnicity persist, with rates among both black and Hispanic teens remaining twice as high as among their non-Hispanic white peers.

The majority of teen pregnancies (69%) occur among 18–19-year-olds, which is hardly surprising given that they make up the majority of sexually active teens. Very few 14-year-olds have ever had sex (and intercourse among very young adolescents is frequently involuntary).[3] But adolescence is a time of rapid change, and consensual sexual activity is common by the late teen years. For women coming of age in the mid-2000s, the median age at first sex was 17.8 years.[4] In 2010, the pregnancy rate among 18–19-year-olds was 96 per 1,000, while the rate among 15–17-year-olds was 30 per 1,000.[1]

HEADING DOWN

U.S. teen pregnancy, birth and abortion rates have reached historic lows.



Source: reference 1.

More recent data are available for teen birthrates than for teen pregnancy rates, and those data show that the decline in teen births has continued: It dropped 10% from 2012 to 2013, to 27 per 1,000—the lowest rate ever reported for the United States.[5] Although data for the same time period are not yet available for abortions (and therefore pregnancies), these numbers suggest that teen pregnancy rates may very well have continued their long-term declines as well.

Explaining the Declines

What is behind the downward trend in teen pregnancy rates? On one level, the answer is simple: Pregnancy rates have fallen either because teens are having less sex in the first place or because more teens who are sexually active are using contraceptives and using them more effectively. Researchers have analyzed the role of both over the last several decades, and they have concluded that the declines can primarily—although not exclusively—be attributed to improvements in teens' contraceptive use.

The 1995–2002 Period

In 2007, researchers from the Guttmacher Institute and Columbia University examined data from two rounds of a large-scale government survey, the 1995 and 2002 cycles of the National Survey of Family Growth (NSFG). The researchers concluded that the vast majority of the decline in teen pregnancy—86%—was the result of improvements in contraceptive use, including increases in the use of individual methods, an increase in the use of multiple methods and a substantial decline in nonuse.[6] The remaining 14% of the decline could be attributed to a decrease in sexual activity.

When broken down by age, the decline in teen pregnancy among 18–19-year-olds was entirely attributable to improved contraceptive use, because the overall proportions who had ever had sex or were engaging in sexual activity did not change between 1995 and 2002. Delaying first sex played a greater role for younger teens, accounting for 23% of the decline in pregnancy among 15–17-year-olds.

The 2003–2010 Period

In 2014, Guttmacher researchers analyzed subsequent cycles of NSFG data and found that the decline in teen pregnancy since 2003 had little or nothing to do with teens' delaying sex.[7] Nationwide, the proportion of teens who had ever had sex did not change significantly between 2003 and 2010 (46% and 45%, respectively). This finding is supported by another large-scale study, the Centers for Disease Control and Prevention's (CDC's) Youth Risk Behavior Survey (YRBS). Although limited to adolescents in school-based settings (in grades 9–12), the YRBS found no significant change in the overall proportion of students who were sexually experienced or currently engaging in sexual activity between 2001 and 2013.[8]

Instead, the decline in teen pregnancy in recent years can be linked to improvements in teens' contraceptive use. Comparing reports from two periods of NSFG data (mid-2006 to mid-2008 and mid-2008 to mid-2010), Guttmacher researchers found moderate increases in teens' use of any contraceptive method, highly effective methods and dual methods (i.e., condoms and hormonal methods simultaneously).[9] Specifically, the use of hormonal contraceptives at last sex among sexually active women aged 15–19 increased

from 37% in 2006–2008 to 47% in 2008–2010; dual method use increased from 16% to 23% over the period, and the use of long-acting reversible contraceptive methods (i.e., the IUD and implant) increased from 1.4% to 4.4%.

Moreover, between mid-2008 and mid-2010, increasing proportions of 18–19-year-olds reported having ever had sex, and yet fewer of them became pregnant. The likely reason, again, is improved contraceptive use.

2011 to the Present

Since 2010, the only data available on trends in sexual experience and contraceptive use are from the YRBS, and they indicate that there was no change between 2011 and 2013 in the prevalence of sexual activity or contraceptive use among teens.[8] But the YRBS tracks progress only among adolescents in school; data on all adolescents, from the initial years of the 2011–2015 NSFG, are expected to be released later this year, and only then will researchers be able to provide more detailed analyses to explain the most recent trends in teen births.

Behind the Behavior

The recent trends in sexual experience and contraceptive use are clear enough, but understanding what is driving these behaviors is more of a challenge. Advocates often credit education programs for the positive trends. The quality and quantity of evaluation research have improved dramatically over the last decade, and there is now clear evidence that comprehensive sex education programs can change the behaviors that put young people at risk of pregnancy.[10] Such programs have been shown to delay sexual debut, reduce frequency of sex and number of partners, increase condom or contraceptive use, or reduce sexual risk-taking. By contrast, programs that exclusively promote abstinence outside of marriage have been proven ineffective at stopping or even delaying sex.[11,12]

And yet, researchers say it is not realistic to expect that an education program alone will change behaviors enough to have a measurable impact on pregnancy rates.[10] For one thing, these interventions are modest. According to the CDC, middle school classes containing pregnancy prevention education include a median total of only three hours on the topic; high school classes are not much better, dedicating only four hours.[13] Moreover, because so few program participants become pregnant, most studies simply are not large enough to detect the impact of programs on pregnancy rates.[10]

Researchers, therefore, have considered other contextual factors that may explain the drop in rates, and the recent trends in sexual activity and contraceptive use that underlay them.

Structural Factors

Although it may be difficult to prove a causal link, it is widely recognized that economic inequality, social marginalization and other structural factors affect teens' sexual behavior and contraceptive use patterns. But just how these behaviors are linked with teens' race or ethnicity, educational achievements or family income is difficult to sort out.

These relationships also travel in multiple directions. For instance, an adolescent who has a child is likely to have a hard time finishing high school, which is often followed by decreased economic opportunities and earnings in future years.[14] But living in poverty or having a low level of education could also increase the risk that a young woman will become pregnant in the first place.

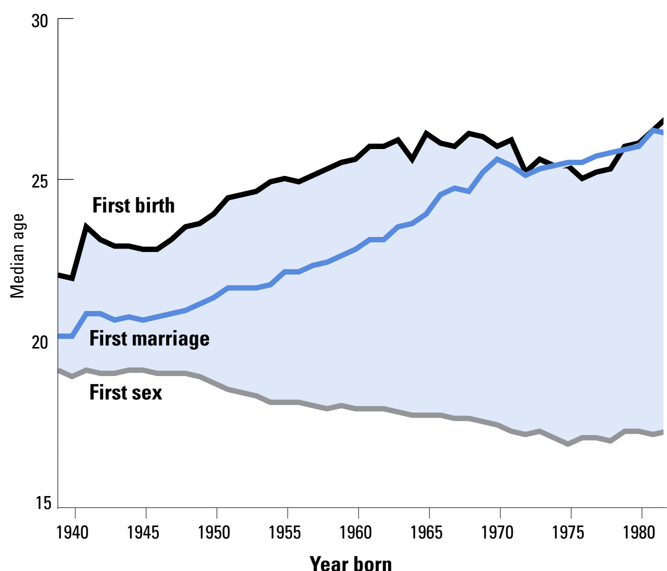
Researchers have considered whether the changing demographic makeup of the nation may be contributing to the trends in teen pregnancy and birth rates. Whereas the age composition of the teenage population has been roughly consistent since the early 1990s, the racial and ethnic composition has changed.[15] Latina adolescents—a group with high rates of pregnancy and births—make up an increasing share of the teenage population. All else held constant, therefore, researchers would have expected substantial increases in the teen pregnancy and birth rates, rather than declines. That makes the decreases even more of a puzzle.

The Economy

Related to the effects of long-standing social inequalities, researchers have also considered whether the nation's economy or labor market conditions may have contributed to fewer pregnancies and births among teens. The 1990s were a period of economic growth, which was followed by a brief recession in the early 2000s and a more serious economic crisis from 2007 to 2009. Considering that teen pregnancy has been consistently declining despite fluctuations in the economy, it appears that the economy may not be a major driver behind the drop in rates. Investigators have found that many adult women postpone childbearing during periods of economic downturn, when there are fewer job opportunities and increased competition for those jobs that are available.[16] But whether teens are affected by these downturns is less clear. Little research has focused on the economy's impact on adolescents' contraceptive use and childbearing decisions, and the scant research that does exist suggests that the economy may affect the reproductive behavior of some groups, such as older African American teens, but not others.[15,17,18]

GREATER GAP

An American woman's age at first sex has changed little over time, but she is now getting married later and having children later.



Source: reference 4.

The AIDS Crisis

Experts point to the AIDS crisis in America and the impact of AIDS education programs over the past several decades as having played a role in persuading more teens to use condoms. In the early 1990s, a handful of highly visible people living with HIV—such as sports figure Magic Johnson, mother and activist Elizabeth Glaser, and teenager Ryan White—helped raise public awareness of HIV, and of the need for AIDS research and public education to address the epidemic. Concerns about AIDS led to changes in perceptions about condoms and increases in condom use.[19] According to data from the NSFG, condom use at last sex among females aged 15–19 increased from 38% in 1995 to 52% in 2006–2010; among males, condom use at last sex increased steadily, from 64% in 1995 to 75% in 2006–2010.[20]

Childbearing Norms

Changing social attitudes and family norms may also be contributing to the trend in teen pregnancy. While the median age at first sex has changed little over time, American women are getting married later and putting off having children (see chart).[4] Many experts believe that adolescents may be mirroring what they see in their own families and their friends' families, and waiting until later to have children.[21] In other words, the decline in teen pregnancy may be just one manifestation of a larger shift in fertility patterns in this country. Declines in pregnancy among teens parallel those among 20–24-year-olds, suggesting that later childbearing may be the "new normal" for adolescents, as well as for young adults.

The Media

Messages in the media about sex, abstinence, contraceptive use and teen childbearing may also be having an influence. Internet usage has grown rapidly since the mid-1990s. In 2013, 93% of teens had a computer or access to one at home; 78% had a cell phone, half of which were smartphones.[22] The Internet has become an important source for health information, including information about sex and birth control,[23] and many Web sites also allow young people to ask questions that they might otherwise feel uncomfortable broaching in class or with friends and family members.

More traditional media sources, such as television and magazines, are also important sources of information. For example, there is evidence that the reality television programs "16 and Pregnant" and "Teen Mom" may have influenced teen birthrates in recent years: According to one analysis, Internet search activity and tweets about sex, birth control and abortion increased substantially right around the time that new episodes aired.[24] The authors connect this activity to much of the recent declines in teen births. Although establishing a causal relationship is challenging, teens' interest in these topics suggests that media exposure might be playing a role in their behaviors.

Medical Recommendations

Anecdotal reports indicate that recent changes in medical practice have made it easier for adolescents to start and continue using hormonal methods. It used to be that a routine pelvic examination was required before prescribing hormonal methods. In the early 2000s, however, that began to change, as the standard of care regarding Pap tests and pelvic examinations shifted.[25] Around that time, various medical groups—from the World Health Organization (WHO) to the American Cancer Society to the American College of Obstetricians and Gynecologists (ACOG)—updated their clinical recommendations to enable teens and young women to access hormonal contraceptives more quickly and easily without a pelvic exam or Pap test.

Additionally, the medical establishment's thinking around the use of IUDs has changed in recent years. In the past, standard medical practice discouraged use of these long-acting methods for adolescents, because of concerns about the risk of infection and the fit of the IUD in young patients. Armed with new evidence, however, the CDC and ACOG each adopted guidelines recommending the IUD as a "first-line" option for sexually active adolescents who want to delay childbearing for several years.[26,27] Since 2002, IUD use among teens has increased nationwide.[9] Although the proportion of teens using the IUD is still small, the impact could be significant: The IUD is 45 times as effective as oral contraceptives in preventing pregnancy, based on typical use, and 90 times as effective as male condoms.[28]

Policy Implications

Understanding why teen pregnancy rates have fallen goes to the heart of a number of relevant and timely public policy questions. There are many complex societal forces that may help explain the drop in teen pregnancy, birth and abortion rates—and the sexual behaviors and contraceptive use patterns that underlay them. The relative contributions of these factors are difficult to sort out, however, because they affect different groups of teens differently and the relationships go in multiple directions. Although additional research might shed more light on what is motivating teens to alter their behavior, what is clear is that adolescents today are seeking and taking more responsibility for themselves. And the appropriate public policy response is to expand their access to the information and services they want and need.

All adolescents, for example, need sex education that teaches them the skills they need to delay sexual initiation, while also preparing them with the information and skills needed to protect themselves and their partners when they do become sexually active. And they need this before they begin to have sex.

Across the nation, sex education policy is far from a settled issue. By the end of the Bush administration, the era of abstinence-only education—a decade or so during which the federal and state governments spent well over $1.5 billion on education programs focused solely on promoting abstinence[29]—appeared to be over. But proponents of abstinence-only education continue to rigorously press their case. In 2014, Congress provided $55 million for abstinence-until-marriage programs. At the request of the Obama administration, Congress also provided roughly $185 million for medically accurate and age-appropriate sex education programs.

Debates over what kind of information teens should get in schools have been playing out in state governments as well. Today, 35 states and the District of Columbia require that public schools provide some form of sex or STI/HIV education.[30] And most states also place requirements on how abstinence or contraception

should be handled when included in a school district's curriculum, even when the instruction is not mandated. Currently, this guidance is heavily weighted toward stressing abstinence, and 19 states require that instruction on the importance of engaging in sexual activity only within marriage be provided. By contrast, although many states allow or even require that information about contraception be covered, none require that it be stressed.

Additionally, adolescents who are sexually active need easy access to contraceptive services. Expansions in public and private health insurance under the Affordable Care Act mean that more teens are gaining coverage for contraceptive services. Nevertheless, publicly supported family planning centers continue to play an especially important role for teens, in part because of their promise of confidentiality for all their clients. In 2010, these health centers served nearly 1.5 million teens and helped teens prevent 360,000 unintended pregnancies; 190,000 of these would have resulted in unplanned births and 110,000 in abortions.[31]

At the end of the day, the credit for the declines in teen pregnancy goes to adolescents themselves, who are making an effort to prevent unintended pregnancy. The question now is whether society will do its part by adopting policies that support and equip young people with knowledge, skills and services to stay healthy. The research shows that adolescents need more comprehensive education, not less, and increased access to contraceptive services, not less. To argue anything else misses an opportunity to sustain these trends. **www.guttmacher.org**

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