Teen pregnancy and childbearing is associated with negative outcomes for teen parents, their children, and society. Adolescents who have a baby are less likely to finish high school, are more likely to be poor as adults, and are more likely to rely on public assistance, compared with adolescents who delay childbearing. Children born to adolescents are more likely to have poorer educational, behavioral, and health outcomes throughout their lives, compared with children born to older parents. Moreover, teen childbearing costs U.S. taxpayers billions of dollars through public assistance payments and through social services, such as health care and (sometimes) foster care.

This Adolescent Health Highlight presents key research findings about teen pregnancy and childbearing, including information about numbers and rates, adolescent attitudes about teen pregnancy, and racial and geographic differences in teen birth rates. It also discusses research and program initiatives that focus on the role and responsibilities of males in the context of teen pregnancy.

Teen pregnancy by the numbers

In the U.S. in 2009, the most recent year for which data are available, an estimated 709,000 adolescent females ages 15-19 became pregnant. This is roughly seven percent of all U.S. females in this age range.

The teen pregnancy rate—the number of all pregnancies per 1,000 adolescent females ages 15-19 in a given year regardless of whether they end in a live birth, miscarriage, or abortion—is another way to measure teen pregnancy.
Notably, the teen pregnancy rate declined by 51 percent between 1990 and 2009, from 116.2 to 56.8 pregnancies per 1,000 adolescents. This decline has been attributed both to more adolescents waiting to have sexual intercourse and to increased contraceptive use. Teen pregnancy rates declined across all major racial and ethnic groups.

Despite these declines, teen pregnancy and childbearing remain pressing societal issues. The U.S. Department of Health and Human Services has identified reducing teen and unintended pregnancy as one of its key priorities, and the Centers for Disease Control and Prevention has named teen pregnancy as one of its 10 “winnable battles” (defined as public health priorities with large-scale impact on health and with known, effective strategies to address them). See http://www.cdc.gov/WinnableBattles/TeenPregnancy/index.html for more information.

Adolescent attitudes about teen pregnancy

Most teen pregnancies are unintended. In other words, the pregnancies are unwanted or occurred “too soon.” In 2006, 82 percent of all pregnancies to 15- to 19-year-old females were unintended, according to a national survey of adolescents. Additionally, data from 2006-2010 indicate that 58 percent of never-married adolescent females ages 15-19 reported they would be “very upset” if they became pregnant, while 46 percent of never-married adolescent males in this age group said they would feel the same way about getting a partner pregnant. However, not all adolescents are motivated to avoid a pregnancy. Thirteen percent of females ages 15-19 said that they would be “a little pleased” or “very pleased” if they became pregnant, and 19 percent of males said they would have similar sentiments if they were to get a partner pregnant.

Proportion of teen pregnancies ending in births, miscarriages, and abortions

In 2009, an estimated 58 percent of pregnancies to adolescent females ages 15-19 ended in a live birth, 17 percent ended in a miscarriage, and 25 percent ended in an abortion. The rate of abortions among adolescents has declined by 54 percent since 1990.

FIGURE 1: Percent of pregnancies to adolescent females ages 15–19 by outcome, 2009

In 2012, less than one in five (17 percent) births to 15- to 19-year-olds was to a female who had already had one or more birth.

Teen births by the numbers
In 2012, there were 29.4 births for every 1,000 adolescent females ages 15-19—almost 305,420 births to females in this age group. The current rate of teen births in the United States is at the lowest level in more than seven decades of tracking; however, it remains substantially higher than that of many other industrialized countries, including Canada and the United Kingdom.

Not all teen births are first births. In 2012, almost one in five births (17 percent) to 15- to 19-year-olds were to teens who had already had one or more birth. Moreover, the vast majority of teen births occur to unmarried youth. In 2012, 89 percent of births to adolescent females under the age of 20 occurred outside of marriage.

Differences in teen birth rates by adolescent group
Teen birth rates differ substantially by age, race/ethnicity, and region of the country.

- Most adolescents who give birth are 18 or older; in 2012, 72 percent of all teen births occurred to 18- and 19-year-olds.

- Teen birth rates are highest among black and Hispanic adolescents. In 2012, Hispanic and black adolescent females had 46.3 births and 43.9 births per 1,000 adolescent females, respectively, compared to 20.5 births per 1,000 adolescent females among white adolescent females (see Figure 2).

- Looked at another way, although research-based estimates suggest that 14 percent of all adolescent females in the United States will give birth by their 20th birthday, 10 percent of white, 21 percent of black, and 24 percent of Hispanic adolescent females are estimated to do so.

- Substantial geographic variation also exists in adolescent childbearing across the United States. In 2011, the lowest teen birth rates were reported in the Northeast and upper Midwest, while rates were highest in states across the southern part of the country (see Figure 3).

Characteristics associated with having—or not having—a teen birth
Numerous individual, family, and community characteristics have been linked to adolescent childbearing:

- Adolescents who are enrolled in school and engaged in learning (including participating in after-school activities, having positive attitudes toward school, and performing well educationally) tend to be less likely than other adolescents to have or father a baby.

- At the family level, adolescent females whose mothers have lower levels of education or were a teen mom are at increased risk of having a teen birth themselves. Living with both biological parents at age 14 is associated with a reduced risk.

- At the community level, adolescents who live in wealthier neighborhoods with lower levels of unemployment are less likely to have or father a baby than are adolescents in less advantaged neighborhoods.
Adolescents who are enrolled in school and engaged in learning are less likely than other adolescents to have or father a baby.

**FIGURE 2:** Birth rates per 1,000 females ages 15-19, by race/ethnicity and Hispanic origin, selected years, 1989-2012

*Data for 2012 are preliminary


**FIGURE 3:** Teenage birth rates for 15–19-year-olds by state, 2011

Research and program approaches are increasingly focusing on the role of males in teenage pregnancy and childbearing.

What adolescents need to do to avoid pregnancy
Abstinence from sexual intercourse is the most effective way to prevent unplanned or unintended pregnancies. However, in 2011, 47 percent of high school students reported having had sexual intercourse one or more times.\(^{11}\) Thus, it is essential that these teens use effective contraceptives—including condoms, birth control pills, the patch, the vaginal ring, an intrauterine device (IUD), an implant, and injectable birth control methods—and that they use them every time they have sexual intercourse.\(^ {12}\)

Efforts to address male involvement in teen pregnancy and childbearing
Research and program approaches are increasingly focusing on the role of males, recognizing that the beliefs and behavior of adolescent males are central to pregnancy prevention.\(^ {13}\) In addition, efforts to promote responsible sexual behavior among males and females increasingly recognize the need to develop vital emotional and interpersonal skills necessary for successful relationships, as well as reduce some of the gender stereotypes that shape expectations about behavior.\(^ {14}\) Importantly, pregnancy prevention efforts need to occur in multiple settings: at home, in schools, in communities, and through health providers.

Resources
The Child Trends DataBank includes brief summaries on well-being indicators, including several that relate to teen pregnancy and teen births:

- Condom use: [http://www.childtrends.org/?indicators=condom-use](http://www.childtrends.org/?indicators=condom-use)

The Childs Trends LINKS database summarizes evaluations of out-of-school time programs that work (or do not) to enhance children's development. The LINKS Database is user-friendly and directed especially to policy makers, program providers, and funders.

- Programs related to the reduction of teen pregnancy and childbearing can be found by selecting the boxes on births, teen pregnancy, sexual activity, and/or condom use and contraception under the Reproductive Health category.
- Evaluations of programs proven to work (or not) in reducing teen pregnancies and births, in addition to other reproductive health and contraceptive behaviors, are summarized in the fact sheet [What works for adolescent reproductive health: Lessons from experimental evaluations of programs and interventions](http://www.childtrends.org/).
Other selected resources:

- The Office of Adolescent Health has compiled a database of evidence-based pregnancy prevention programs, including several that work for both genders and many that effectively build emotional and interpersonal skills (http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/).
- The nation’s Teen Pregnancy Prevention Goals can be found at http://www.cdc.gov/TeenPregnancy/PreventTeenPreg.htm.
- Federally funded Title X family planning clinics offer low-cost contraceptive services and pregnancy testing for qualifying patients. Adolescents and others can find a Title X-funded clinic near their homes at http://www.hhs.gov/opa/ (“Find a Family Planning Clinic” on the right side of the page).

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