

Teen Births: Examining the Recent Increase

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Overview. After a 14-year decline, the teen birth rate increased in 2006, according to data from the National Center for Health Statistics. Between 2005 and 2006, the teen birth rate rose 3.5 percent, from 40.5 to 41.9 births per 1,000 females aged 15-19. The number of teen births rose by 20,843, from 414,593 to 435,436 births, the largest annual increase since 1989.

This research brief explores whether the data reflect a short-term blip or a true reversal in the decline in the U.S. teen birth rate. It considers available evidence that might explain the apparent loss of momentum, and raises data and research gaps that must be filled to strengthen public and private prevention efforts. This brief is based on a paper¹ that resulted from a meeting of experts and researchers² convened by the National Campaign to Prevent Teen and Unplanned Pregnancy.

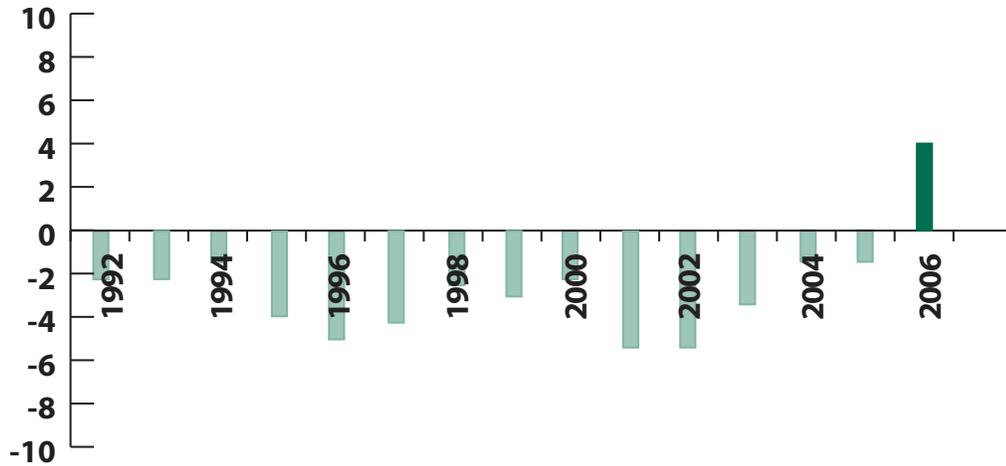
WAS THE INCREASE IN 2006 REAL?

The good news is that the increase in the teen birth rate in 2006 did not erase the substantial progress that occurred between 1991 and 2005, when the teen birth rate declined by a third. A close inspection of Figure 1, however, suggests that the 2006 increase was not a sudden reversal, but was preceded by a slowing of the decline. Specifically, annual declines that had been in the range of 3 to 5 percent each year over the previous decade were replaced by much smaller declines in 2004 and 2005 (1.2 and 1.5 percent). Moreover, in percentage terms, the increase in the number of teen births far exceeded the increase in the teen population.

NEW DATA FOR 2007

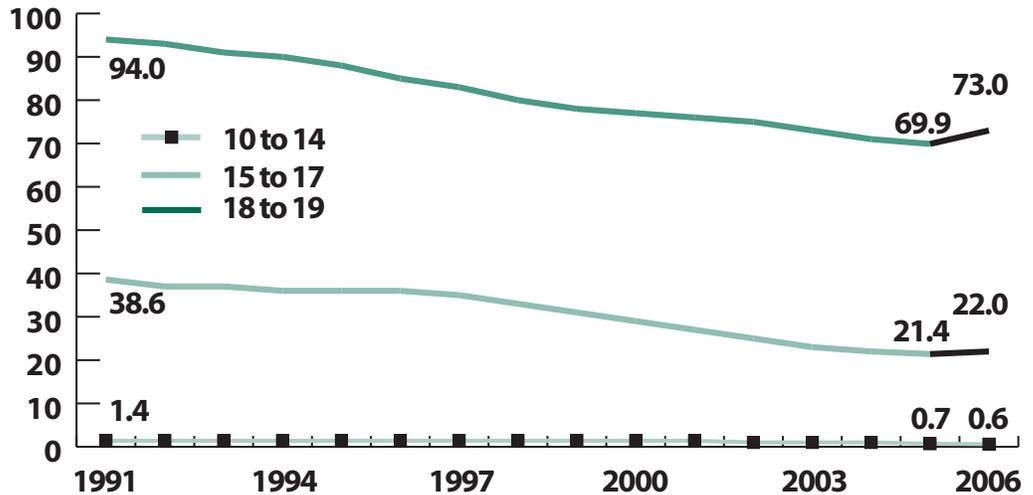
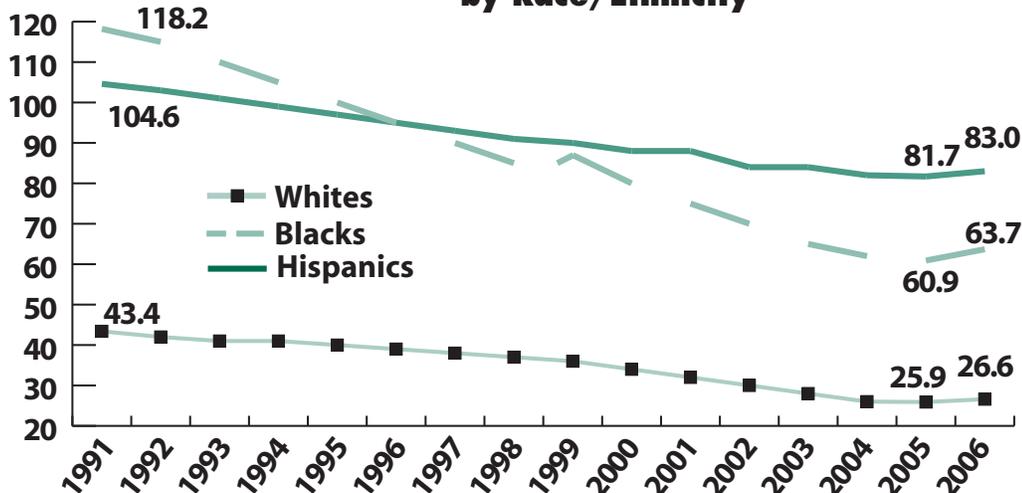
Just-released data for 2007 indicate the teen birth rate increased again between 2006 and 2007. The rate in 2007 was 42.5 births per 1,000 females aged 15-19, compared with 41.9 in 2006. The number of births rose by 9,609 among females 15-19 in 2007. 445,045 births occurred to mothers aged 15-19, compared with 435,436 births in 2006.

Between 2005 and 2007, the teen birth rate (births per 1,000 females aged 15-19) increased by 5 percent, and the number of births to females 15-19 increased by 30,452.

Figure 1**Annual Percent Change in Birth Rate**

Despite the recent increase in teen births, there is still positive news. There were fewer births to teens in 2006 than in 1991 (see Table 1 of the Appendix). In addition, the number and rate of births among girls 14 and younger continued to decline in 2006. Finally, in absolute terms, the increases between 2005 and 2006 are quite small.

Detailed data also reveal that the increases in teen birth rates were not concentrated in any single sub-population, although they were somewhat larger for older teens and for non-Hispanic black teens (see Figures 2 and 3). State-level data indicate that the proportion of all births that occurred to mothers aged 20 and younger increased in 26 states, suggesting a modest but widespread increase in teen childbearing.³

Figure 2**Trend in Teen Birth Rate, by Age****Figure 3****Trend in Teen Birth Rate, by Race/Ethnicity**

The slowing momentum in previous years and the widespread nature of the increases indicate that, no matter what happened in 2007, we cannot relax and assume that the 14-year decline in the teen birth rate between 1991 and 2005 will continue.

WHAT MAY HAVE CONTRIBUTED TO AN INCREASE IN THE TEEN BIRTH RATE?

COMPOSITION OF TEEN POPULATION

Only about one-quarter of the increase is due to changes in teens' race/ethnicity.

Changes in the composition of the teen population can affect the teen birth rate. Specifically, as high-fertility subgroups comprise a growing share of the teen population, the increase puts upward pressure on the overall birth rate. The proportion of Hispanic teen females—who have the highest rates of teen pregnancy and birth (See Table 2 in the Appendix)—increased in 2006. The number of teen immigrants from high-fertility countries also increased.

Another way immigration could influence a change in the birth rate, however, is in the way it affects the calculation of the rate. NCHS uses Census population counts, which typically undercount illegal immigrants. Using an artificially low estimate in the denominator will result in an artificially high birth rate. This could affect trends if the number of under-counted immigrants have increased—a pattern most likely for Hispanics. Thus, immigration patterns could play a role in the measurement of the teen birth rate.

An analysis by Kelleen Kaye of the National Campaign to Prevent Teen and Unplanned Pregnancy finds that only about a quarter of the increase is due to changes in race/ethnicity.⁴ Thus, most of the change is due to a real increase in the teen birth rate, not in the composition of the teen population. Why?

TRENDS IN SEXUAL ACTIVITY, CONTRACEPTION AND ABORTION

Declines in contraceptive use may have played some role in the teen birth rate increase.

Teen childbearing reflects several behavioral factors, including sexual activity, contraceptive use and abortion. The dramatic decline in the teen birth rate between 1991 and 2005 was associated with significant changes in these behaviors.

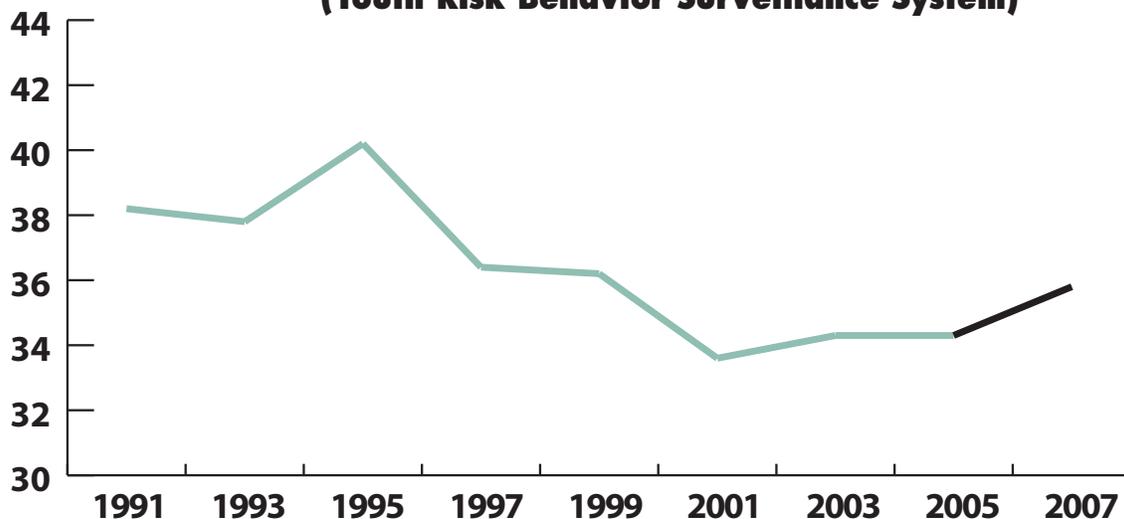
Sexual activity. Data on sexual activity among female high school students from the Youth Risk Behavior Surveillance Survey indicate that the percentage who report ever having had sex increased between 2001 and 2003 for all race/ethnicity groups as did the percentage of students who were currently sexually active (see Figure 4).⁵ The figures continued to increase through 2007 for whites, but fluctuated for blacks and Hispanics.

However, none of these changes are statistically significant, so it is unclear that increases in sexual activity are behind an increase in the teen birth rate. Nevertheless, the data do suggest either a small increase or a plateau, rather than ongoing declines in sexual activity.

Contraceptive use. Data on high school populations also indicate few changes in contraceptive use. There is, though, a slight, but statistically significant, increase in the proportion of high school girls who report using no method of birth control the last time they had sex, from 11.6 percent in 2003 to 13.7 percent in 2005⁶ (the last year for which a detailed analysis of all methods are available).

Figure 4

**Percent High School Females Who Ever Had Sex
(Youth Risk Behavior Surveillance System)**



While not definitive, this suggests that declines in contraceptive use may have played some role in the 2006 increase in the teen birth rate.

Abortion. Data indicate the abortion rate among all U.S. women continued to decline in 2005. Data on births through 2004 also indicate ongoing declines for all teens, with the exception of older Hispanic teens. Without more recent data, it is unclear whether abortion trends played any role in the increase in teen births. These earlier data, however, do not suggest a steepening of the decline in abortion.

In sum, the lack of detailed data for all teens since 2002 precludes any definitive conclusions about whether trends in teen sexual activity, contraception, or abortion have driven an increase in the teen birth rate. Data for high school students through 2007 do not suggest statistically significant increases in sexual activity, while data through 2005 suggest just a small increase in the proportion of teens who don't use contraception. Data on abortion rates among teens through 2004 suggest an ongoing, but not accelerating, decline in abortion.

SOCIAL AND ECONOMIC CHANGES

Social and economic changes can influence the teen birth rate by causing a change in teen sexual activity, contraception, or abortion. For example, access to abortion services affects abortion rates, while changes in the economic outlook may influence a teen's motivation to avoid pregnancy. If the apparent increase in the teen birth rate is not temporary but rather the beginning of a real trend, understanding the underlying social and economic factors is essential so that appropriate policy and program remedies can be developed.

Economic changes. Early and non-marital childbearing is more frequent among disadvantaged populations. Compared with the late 1990s, economic disparities have increased, and employment, income and home ownership prospects have dimmed even further for low-income and minority populations. Such conditions might translate into lower opportunities for teens, which can undermine reasons to delay sex and use contraception. Combined with economic hardships, the rising cost of certain birth control methods may also have made contraception increasingly less affordable for some teens.

Public policies. Policies that may be relevant to the increase in the teen birth rates include a slight decline between 2005 and 2006 in federal funding for teen family planning services through Title X,

from \$286 million to \$283 million. Although Medicaid and the State Children's Health Insurance Program (SCHIP) may have filled the funding gap, neither program covers all teens, and contraceptive services are not uniformly available across state programs.

Another possibly relevant policy trend is the increased federal emphasis on abstinence-only education over the past decade. As yet, rigorous experimental evaluations of such programs have not found significant impacts on sexual behavior or prevention of teen pregnancy. National data do, however, indicate a significant decline between 1995 and 2002 in the percentage of women reporting having received formal contraceptive education, from 87 percent to 70 percent.

It is unclear whether the No Child Left Behind (NCLB) legislation, enacted in 2002, has had any impact on teen childbearing. It is possible that the increased focus on academic performance may have made parenthood relatively more attractive for marginal students. Schools may also have reduced funding for health education, counseling, and classes like art and music which may have kept marginal students enrolled. Unfortunately, recent data on school engagement are not available, and data on dropout rates are inconclusive.

Media. Recent media attention to young pregnant or parenting celebrities may have influenced sexual behavior and attitudes to the extent those celebrities are role models for teens. Research on what exactly teens pick up from the media, however, is lacking, and there is little known as yet about how new media forms available through the Internet might be affecting teen knowledge, attitudes or behavior.

Other societal changes. Threats of terrorism, war and general anxiety since 2001 have affected the entire population, and have posed particular challenges for the generations coming of age during this time. Evolutionary research suggests that childbearing increases when life feels uncertain. It is not clear, however, why this might be reflected in teen fertility in 2006 rather than in earlier years.

Prevention fatigue among policy makers, funders, and service providers. It is possible that, as the teen birth rate declined year after year through 2005, complacency decreased the support for prevention efforts.

RELATIONSHIPS AND ATTITUDES

Few studies have explored the relationship between changing attitudes and teen birth rates, but the following may be contributing factors:

Parents and other adults. Teens report that their parents have even more influence than their peers or the media on their sexual behaviors. There is limited national data available to assess trends in parent-teen conversations about sex and contraception. In terms of the possible influence of other adults in teens' lives, non-marital childbearing and marital disruption remain common and may reduce teens' incentives to delay their own sexual activity and childbearing, but it is not clear that such factors changed enough mid-decade to help explain the increase in the teen birth rate.

Prevention fatigue among teens. Teens themselves may have grown weary with policies and programs aimed at preventing pregnancy. For example, there is evidence that attitudes towards HIV/AIDS have changed over the last several years, at least among adults as more medical treatments have become available. If teens, too, have become less concerned with contracting the disease, they may have become less likely to abstain or use condoms, which could help explain the recent increase in the teen birth rate. In addition, if child support enforcement has become less stringent for teens in recent years, as some suggest, teen males may be less motivated to avoid pregnancy. Evidence on such an attitude shift, however, is lacking.

Gender roles and expectations. High rates of male incarceration, unemployment, and high school dropout in some communities may alter gender power dynamics, reduce prospects for viable marriages, and reduce the motivation to delay childbearing until marriage. Again, however, it is unclear that such contextual factors changed enough mid-decade to affect teen birth rates.

Concerns about infertility. Increased media attention to the difficulties and risks of conceiving at older ages may encourage young women to become pregnant earlier than they might otherwise. On the other hand, advances in fertility treatment may have the opposite effect.

Changes in other attitudes and values. Some have hypothesized that increasing religiosity and social conservatism throughout our society may help explain a higher teen birth rate in 2006, presumably through reduced contraceptive use or less

abortion. Survey data, however, show that, after increasing in the 1990s, religiosity among high school students has actually declined since 2000. Moreover, Americans' attitudes about homosexuality, gender roles, and sexual behavior have also become less conservative.

FORTHCOMING DATA AND NEEDED RESEARCH

Additional research will help shed light on factors underlying these trends.

- Teen birth rates for 2007, including state-level data, will help determine whether the 2006 increase was simply a short-term increase or the start of a new trend, and whether the increases were concentrated in certain states or regions or particular age groups.
- More recent data on abortion, sexual activity and contraceptive use among all teens will also help clarify the role of these factors.

Yet, more data and research are clearly needed to better understand both past and present trends.

- Specifically, analyses combining state-level teen birth rate data over time with information on state-level policies, funding, and socio-economic factors would help assess the role of—and the complex interactions among—various factors.
- Similarly, analyses of data on various groups of teens (blacks, whites, Hispanics, males, females, etc.) would over time provide a more detailed understanding of trends in the determinants of teen childbearing. Analyses for different populations would also shed light on how various factors affect different groups of teens.
- Finally, more research is needed on the effects of immigration and population changes as well as social and economic changes and changes in attitudes.

THE DIFFICULT TASK THAT REMAINS

Whether the recent increase in the teen birth rate represents a short-term increase or a true reversal, rates of teen childbearing are much higher in the United States than in other developed countries, and any pause or uptick serves as a warning to continue our collective efforts to prevent teen pregnancy. Teens who remain at risk are probably harder to reach with prevention messages and contraceptive

Table 1 Number of Females Aged 15-19, Birth Rate and Number of Births to 15-19 Year-Olds, and Annual Changes, 1991-2006

Year	Birth Rate to Females 15-19	Annual Percent Change in Birth Rate	Number of Births to Females 15-19	Change in Number of Births	Number of Females 15-19	Change in Number of Females 15-19
1991	61.8		519,577		8,407,394	
1992	60.3	-2.43	505,415	-14,162	8,381,674	-25,720
1993	59.0	-2.16	501,093	-4,322	8,493,101	111,427
1994	58.2	-1.36	505,488	4,395	8,685,360	192,259
1995	56.0	-3.78	499,873	-5,615	8,926,303	240,943
1996	53.5	-4.46	491,577	-8,296	9,188,355	262,052
1997	51.3	-4.11	483,220	-8,357	9,419,493	231,127
1998	50.3	-1.95	484,895	1,675	9,640,059	220,566
1999	48.8	-2.98	476,050	-8,845	9,755,122	115,063
2000	47.7	-2.25	468,990	-7,060	9,832,075	76,953
2001	45.3	-5.03	445,944	-23,046	9,844,238	12,163
2002	43.0	-5.08	425,493	-20,451	9,895,186	50,948
2003	41.6	-3.26	414,580	-10,913	9,965,865	70,679
2004	41.1	-1.20	415,262	682	10,103,698	137,833
2005	40.5	-1.46	414,593	-669	10,236,864	133,166
2006	41.9	+3.46	435,436	20,843	10,392,052	155,188
2007	42.5	+1.43	445,045	9,609		

Source: National Center for Health Statistics, CDC, DHHS.

Table 2 Birth Rates by Age and Race/Ethnicity, 1991-2006

Year	Demographic Group					
	Age			Race/Ethnicity		
	10-14	15-17	18-19	Whites	Blacks	Hispanics
1991	1.4	38.6	94.0	43.4	118.2	104.6
1992	1.4	37.6	93.6	41.7	114.7	103.3
1993	1.4	37.5	91.1	40.7	110.5	101.8
1994	1.4	37.2	90.2	40.4	105.7	101.3
1995	1.3	35.5	87.7	39.3	97.2	99.3
1996	1.2	33.3	84.7	37.6	91.9	94.6
1997	1.1	31.4	82.1	36.0	88.3	89.6
1998	1.0	29.9	80.9	35.3	85.7	87.9
1999	0.9	28.2	79.1	34.1	81.0	86.8
2000	0.9	26.9	78.1	32.6	79.2	87.3
2001	0.8	24.7	76.1	30.3	73.5	86.4
2002	0.7	23.2	72.8	28.5	68.3	83.4
2003	0.6	22.4	70.7	27.4	64.7	82.3
2004	0.7	22.1	70.0	26.7	63.1	82.6
2005	0.7	21.4	69.9	25.9	60.9	81.7
2006	0.6	22.0	73.0	26.6	63.7	83.0
2007	0.6	22.2	73.9	27.2	64.3	81.7

Source: National Center for Health Statistics, CDC, DHHS.

services, and the most disadvantaged may see few reasons to avoid early childbearing. For these teens, especially, new approaches are no doubt necessary to continue or resume the decline in teen childbearing.

REFERENCES

¹ Moore, K.A. (2008). *Teen Births: Examining the Recent Increase*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.

² These experts and researchers who advised, but do not necessarily endorse, this report, include:

Joyce Abma, National Center for Health Statistics
Christine Bachrach, National Institute of Child Health and Human Development

Peter Belden, William and Flora Hewlett Foundation
Sarah Brown and Kelleen Kaye, National Campaign to Prevent Teen and Unplanned Pregnancy

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Laura Duberstein Lindberg, Guttmacher Institute

Susan Philliber, Philliber Research Associates

John Santelli, Columbia University

Isabel Sawhill and Adam Thomas, Brookings Institution

Stephanie Ventura, National Center for Health Statistics

³ A recent report by the Guttmacher Institute suggests using caution in interpreting state-level trends in teen birth rates because of the timing of updates to state-level population data.

⁴ Kaye, K. (2009). *Changes in the Teen Birth Rate from 1991 to 2005 and 2005 to 2006: Assessing the Role of Changes in the Teen Population*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.

⁵ The National Survey of Family Growth (NSFG) collects information on sexual activity, contraceptive use and pregnancy for all teens. The most recent available data, however, are from 2002, and 2006-2008 data will not be available until later in 2009. Data from the Youth Risk Behavior Surveillance System (YRBSS) are available every other year through 2007, but only represent high school students. Since teens who are not in school are more likely to engage in risky health-related behavior, YRBSS data might underestimate such behavior in the overall teen population. That said, trends in the YRBSS data have generally mirrored NSFG trends.

⁶ Analyses by John Santelli, Columbia University.

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