



University of Pittsburgh  
Office of Child Development

*Children, Youth & Family*

# background

Report # 36

Teenage Pregnancy

May 2001

## Children Having Children

*Teen pregnancies are down, but U.S. rate still among the highest*

**T**eenage pregnancy is a lingering problem in the United States that affects more than the teens involved. American taxpayers pay billions of dollars to support teen parents and their babies. But it is the children born to teens who pay the highest price. From health problems to school failure, they are at higher risk of experiencing serious setbacks throughout their lives.

Although the numbers are declining, the U.S. still has the highest rates of teen pregnancy, birth, and abortion in the western industrialized world.

How to prevent teenage pregnancy has long been a hotly-debated issue. Abstinence, among the least objectionable strategies, has not been found to be very effective in delaying sexual intercourse or curbing pregnancy rates among teens. Contraception, the most effective strategy to date, is often wrapped in controversy.

### High Costs

The teen birth rate among U.S. girls ages 15-19 years old has fallen nearly 20 percent from 1991 to 1999. Still, about one million adolescent women become pregnant every year, and it is estimated that 40% of 14-year-old American girls will become pregnant before they reach their 20th birthday. About 80% of those pregnancies will be unintended.

In Pennsylvania, there were 10,090 reported pregnancy among girls ages 15 to 17 years old in 1996, the latest count available. The pregnancy rate among that age group was 42 pregnancies per 1,000 girls.

These pregnancies exact a high cost. When adolescent girls give birth, their future prospects decline. Compared to young women who delay their first birth until ages 20 or older, they are more likely to have large families and to be single parents. Teen mothers are also more likely to drop-out of school or otherwise fail to earn a high school diploma, leaving them ill-prepared for

the job market, and more likely to end up on public assistance.

The estimated annual cost to taxpayers of births to young women aged 15-17 years is at least \$6.9 billion in lost tax revenues and increased spending on public assistance, health care for their children, foster care, and other costs.

### Prevention

Prevention programs usually attempt to delay the initiation of sexual activity, reduce the frequency of sexual intercourse, and prevent pregnancies. Some programs also promote the use of

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### *Children of teen mothers are children at risk*

- Children of teen mothers are twice as likely to be abused and neglected as are children of older mothers.
- Babies born to teens face a greater risk of low birth weight and health problems that include mental retardation, blindness, deafness, and cerebral palsy.
- Children of teen mothers are more likely to do poorly in school, and drop out, and are less likely to attend college.
- Girls born to teen mothers are 22 percent more likely to become mothers as teens themselves.
- Sons of teen mothers are more likely to end up in jail.

*Source: Maynard, R.A. (Ed.), Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing, New York: Robin Hood Foundation, 1996.*

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family planning and contraceptives, and try to prevent sexually transmitted diseases.

Numerous programs have been tried. They fall into three categories:

- Education. These programs teach young people about sexuality, how to control their own behavior and that of their partners, family planning, and contraception.
- Contraception. In general, these programs make contraception and medical services available to those who are sexually active.
- Life options. Programs of this type generally offer teenagers reasonable life options, usually attempting to develop self-sufficiency and kindle the hope that they can be successful in life.

Contrary to common belief, there is no evidence that educational programs will promote, rather than prevent, sexual activity.

**Does Prevention Work?**

Studies that evaluate teen pregnancy prevention programs suggest that several approaches may indirectly contribute to delaying sexual activity and preventing pregnancy.

Sex education programs provide information concerning reproduction and contraception, but alone do not change attitudes about sexual behavior or reduce pregnancy or birth rates. One of the reasons is that many courses are superficial and tend to avoid explicit material out of fear of controversy, including direct discussions of family planning and contraception.

Family communication programs can help increase the number and frequency of discussions about values

and sexual behavior among parents and their children. But no evidence exists that they directly alter sexual behavior or pregnancy rates.

Decision-making training teaches young people ways to control themselves and their partners in sexual situations through modeling, role playing, and rehearsal. These programs have not significantly reduced pregnancy among young people, but they have shown the potential to delay the initiation of sexual activity in youth who are not yet sexually active.

Judging the effectiveness of life skills programs is difficult because they have not always been uniformly and intensively implemented and usually lack rigorous evaluation. However, some intense programs, such as those that teach job skills, have shown the potential to reduce pregnancy rates and

early school departures.

Abstinence programs, while offering a less objectionable option, have not been found to raise self-esteem, improve the intentions of teens, help them control their behavior, delay sexual intercourse, or curb pregnancy rates.

The most effective programs are those that provide education and access to contraception, studies suggest. Among the most effective of these programs are school-related clinics operated by health professionals that focus education, counseling, family planning, and contraceptive services around reproductive health and behavior education. But few intensive programs of this kind have been tried.

No matter what strategy is tried, the chances of success are improved when the program is comprehensive and starts before children enter junior high school.

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## references

*This report was based on the following publication:*

*Preventing Teenage Pregnancy*, a summary of research and literature prepared by Robert B. McCall and Angela Ingram and distributed in September 1998 as a public service by the Policy and Evaluation Project of the University of Pittsburgh Office of Child Development. Certain information in their summary was updated for this report.

<sup>1</sup> Curtin, S.C., & Martin, J.A. (2000). Births: Preliminary data for 1999. *National Vital Statistics Reports* 48(14).

<sup>2</sup> Analysis of Henshaw, S.K., *U.S. Teenage Pregnancy Statistics*, New York: Alan Guttmacher Institute, May, 1996; and Forest, J.D., *Proportion of U.S. Women Ever Pregnant Before Age 20*, New York: Alan Guttmacher Institute, 1986, unpublished.

<sup>3</sup> Henshaw, S.K. (1998). Unintended Pregnancy in the United States. *Family Planning Perspectives*, 30(1):24-29, 46. Based on data from the 1982, 1988, and 1995 cycles of the National Survey of Family Growth, supplemented by data from other sources.

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*Children, Youth & Family background* is published by the University of Pittsburgh Office of Child Development, a program of the University Center for Social and Urban Research. These reports are based on available research and are provided as overviews of topics related to children and families.

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