Teen Pregnancy: A Preventable Epidemic

Our nation is facing an adolescent reproductive-health crisis, with one in four teenage girls having a sexually transmitted infection, and one in three becoming pregnant before the age of 20.¹ To address this challenge, teens must be able to obtain confidential and affordable reproductive-health services. However, anti-choice politicians have stymied efforts to give teens the tools they need to protect themselves against unintended pregnancy and sexually transmitted infections (STIs). We continue to call on lawmakers – pro-choice and pro-life alike – to work together to achieve real solutions – instead of divisiveness.

The Facts

In spite of a recent decline, the United States continues to have one of the highest rates of teen pregnancy in the western industrialized world.² Studies show that the United States’ teen-pregnancy rate is more than twice that of Canada and Sweden.³

- Approximately 614,000 young women in the United States become pregnant each year. Eighty-two percent of teen pregnancies are unplanned ⁴ and more than a quarter of those end in abortion.⁵

- Teen mothers are less likely to complete school, less likely go to college, more likely to have large families, and more likely to stay single – increasing the likelihood that their children will live in poverty.⁶

- In addition to other consequences for young women and their children, teen childbearing costs U.S. taxpayers at least $9.4 billion annually.⁷

- A sexually active teen who does not use contraception has a 90-percent chance of becoming pregnant within a year.⁸

Potentially due to factors such as more limited access to health-care services and information, racial and ethnic disparities persist in the reproductive health of young Americans.

- The problem of teen pregnancy is more pronounced in the African-American and Hispanic communities, where rates of teen pregnancy are higher than those in white communities – 10 percent and eight percent respectively, compared to nearly four percent.⁹
Roughly one in three Hispanic teen girls and four in 10 African-American teen girls will become pregnant at least once before they turn 20. In comparison, one in six non-Hispanic white teen girls will become pregnant before the age of 20.\textsuperscript{10}

A Failed Approach

Anti-choice lawmakers and advocates seized on this public-health crisis as an opportunity to enact one of their longtime goals: withhold sex education from young people in a misguided attempt to discourage them from having sex. Instead, they spent more than $1 billion in taxpayer funds on “abstinence-only” programs\textsuperscript{11} – programs that censor vital health information about contraception and safe sex. The approach has been a spectacular failure.

Research shows that “abstinence-only” programs do not work and that comprehensive sex-education programs do. In 2007, a report commissioned by the U.S. Department of Health and Human Services concluded that students in “abstinence-only” programs are no more likely to abstain from sex, delay initiation of sex, or have fewer sexual partners.\textsuperscript{12} Furthermore, an extensive academic evaluation of “abstinence-only” programs and comprehensive sex education programs found strong evidence supporting the supposition that sex education can both delay initiation of sex and increase condom or other contraceptive use among youth.\textsuperscript{13}

Making matters worse, federal funding is not keeping up with demand for out-of-school time programs that keep teens occupied in safe and supervised spaces during the hours when they are most likely to engage in risky behavior, like sex, crime, and substance use. More than 19 million students are not currently enrolled in any after-school program, but would be if one was made available to them.\textsuperscript{14}

Clearly, anti-choice politicians’ response to the issue of teen pregnancy didn’t work. In fact, these types of policies only perpetuated the cycle of harmful consequences to young women, their children, and communities as a whole:

- Daughters of teen mothers face a much greater risk of ending up teen moms themselves; nearly a third of daughters of teen moms had their first child when they were teens.\textsuperscript{15}
- About one in four teen mothers under age 18 have a second baby within two years after the birth of the first child.\textsuperscript{16}
- Children of teen mothers do worse in school than those with older parents. They are more likely to repeat a grade, less likely to complete high school, and have lower standardized-test scores. Additionally, less than two percent of young teen mothers attain a college degree by the time they are 30.\textsuperscript{17}
Sixty-seven percent of teen mothers who move out of their families’ home live below the poverty level and nearly two-thirds of teen mothers receive some type of public assistance within the first year after their children were born.\textsuperscript{18}

A Better Way

NARAL Pro-Choice America has long advocated for a more sensible approach to the issue of teen pregnancy: comprehensive sex-education programs, better access to birth control, and investing in high-quality after-school programs. These interventions are proven to reduce rates of teen pregnancy and STIs, and promote responsible behavior.

- **Teens must be given the information necessary to protect themselves against unintended pregnancy and STIs.**
  - Comprehensive sex-education programs work. They delay initiation of sex, reduce frequency of sex, and increase contraceptive use.\textsuperscript{19}
  
  - Research indicates that comprehensive approaches to sex education help young people withstand the pressures of having sex before they are ready and to have healthy, responsible relationships.\textsuperscript{20}
  
  - Sex education and condom availability do not increase sexual activity among teens.\textsuperscript{21}

- **Teens must have access to confidential and affordable reproductive-health services.**
  
  - Research shows that restricted access to reproductive-health services and parental-involvement mandates have negative consequences on teen health. Studies show that even parental consent for birth control would deter teens from seeking other reproductive-health services, including testing and treatment for STIs.\textsuperscript{22}
  
  - A recent study found the sustained decline in teen-pregnancy rates is largely due to an increase in teens using contraceptives.\textsuperscript{23}

- **After-school programs reduce risky behavior by involving teens in activities that provide safe settings and positive role models.**
  
  - One study found that the likelihood of teens having sex for the first time increases with the number of unsupervised hours teens have during a week.\textsuperscript{24}
  
  - After-school programs help reduce the rate of teen pregnancy by instilling good decision-making skills and positive role models in a supervised setting.\textsuperscript{25}
Teenage girls who play sports are more likely to delay sex, have fewer partners, and are less likely to become pregnant.26

And Americans agree.

- Ninety-nine percent of Americans agree that young people should be provided with medically accurate information about STDs, and 94 percent of Americans believe young people should learn about birth control.27

- More than eight of 10 Americans believe that young people should be taught how to use, and where to obtain, contraceptives.28

- More than 80 percent of Americans believe that comprehensive sex-education programs, which emphasize abstinence, but also encourage condom and contraceptive use, should be implemented in school.29

- Americans want schools to cover “real-life issues,” such as how to deal with potential consequences of having sex and the emotional consequences of being sexually active.30

Legislative Solutions

Embarking on a new direction, upon taking office President Obama recommended eliminating funding for failed “abstinence-only” programs and called for a new investment in evidence-based sex-education programs to prevent teen pregnancy. Congress followed suit, allocating $114 million to the new initiative and continuing to invest in subsequent years. Unfortunately, anti-choice lawmakers succeeded in reviving the Title V “abstinence-only” program in the health-care-reform law (the program had expired in June 2009).

Furthermore, pro-choice lawmakers have a serious, comprehensive plan to prevent teen pregnancy – a commonsense approach that incorporates honest sex education, promotes abstinence (but not censorship), funds after-school programs, and supports parents. That is the better approach.

Conclusion

For too many years, anti-choice politicians have offered up failed, ineffective “abstinence-only” programs as their only solution to the problem of teen pregnancy. What works is clear: providing teens with medically accurate health information, access to reproductive-health services – including contraceptives – and high-quality programs outside of school hours.
Now is the time to move beyond politically divisive tactics and chart a new course that helps teens avoid unintended pregnancy and plan for their successful futures.

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Notes:

6 Kirby, Douglas, Ph.D., Emerging Answers; Research Findings on Programs To Reduce Teen Pregnancy, The National Campaign To Prevent Teen and Unplanned Pregnancy (November 2007).
8 The Guttmacher Institute Facts on American Teens’ Sexual and Reproductive Health (May 2014) at http://www.guttmacher.org/pubs/fb_ATSRH.html#n10 (last visited Nov. 9, 2015);
11 Sharon Jayson, Study: Abstinence classes don’t stop sex, USA TODAY, Apr. 13, 2007.
12 Mathematica, Impacts of Four Title V, Section 510 Abstinence Education Programs; Final Report (Apr. 2007).

Kirby, Douglas, Ph.D., Emerging Answers; Research Findings on Programs To Reduce Teen Pregnancy, The National Campaign To Prevent Teen And Unplanned Pregnancy (November 2007).


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