

Falling Teen Pregnancy, Birthrates: What's Behind the Declines?

The statistics are familiar: Nearly one million U.S. teenagers become pregnant each year and about 500,000 give birth. For more than two decades, these figures have helped to define one of the country's major social problems. But now, after years of steady increases, teenage birthrates are down and pregnancy rates have fallen to their lowest level in 20 years; teenage sexual activity is also declining. These trends raise two important questions: Why have the rates gone down, and how can these trends be sustained?

By Patricia Donovan

The news in recent months has indeed been encouraging. Between 1991 and 1996, the teenage birthrate in the United States declined from a 20-year high of 62.1 births per 1,000 females aged 15–19 to 54.4 per 1,000. The 12% drop, welcome news in its own right, is especially heartening because it reverses a 24% increase in the birthrate between 1986 and 1991. (As a result of the birthrate decline, the number of births to teens dropped 5%, from about 519,600 annually to roughly 494,300, during the five-year period. As in the recent past, the vast majority of teen mothers—84% of 15–17-year-olds and 71% of older teens—were unmarried.)

The decline in the birthrate, which varied considerably by race and age, is particularly noteworthy for black teenagers. The rate for blacks fell 21% to a record low 91.4 per 1,000 in 1996. By contrast, the rate for Hispanic teenagers barely changed between 1991 and 1995. Although it then fell 5% between 1995–1996, to 101.8 per 1,000, Hispanics now have the highest teen birthrate. For non-Hispanic whites, the birthrate declined 9% during the period to 48.1 per 1,000.

There was less variation in rate declines by age. The birthrate for teens aged 15–17 fell 13% during the period and 9% for 18–19-year-olds.

The teen birthrate not only declined for the nation as a whole but also fell in every state. Declines ranged from 6% in Alabama to 29% in Alaska (see table). In 1996, New Hampshire, Vermont, Maine, Minnesota, Massachusetts and North Dakota had the lowest teen birthrates—about 29–32 per 1,000—while Mississippi, Arkansas, Arizona and Texas had the highest rates—about 74–76 per 1,000.

The birthrate for young women aged 10–14 was 1.2 births per 1,000 in 1996. Although that is down from 1.4 per 1,000 in 1991, the birthrate for this age-group has ranged between 1.1 and 1.4 per 1,000 since 1970. The number of births to young women in this age-group has also been stable over time: 11,242 in 1996 and 12,000–13,000 annually between 1991 and 1995.

Adolescent pregnancy rates have also declined in the 1990s, according to data from The Alan Guttmacher Institute (AGI) and the Centers for Disease Control and Prevention (CDC). (Pregnancy rates include births, abortions and miscarriages.) After a 7% increase between 1985 and 1990, the pregnancy rate for women aged 15–19 declined 14% between 1990 and 1995, according to AGI data. The U.S. teenage pregnancy rate in 1995 stood at 101.1 per 1,000—its lowest level since the mid-1970s.

Looking at a slightly different timeframe, CDC reported recently that the pregnancy rate for teens 15–19 decreased between 1992 and 1995 in the District of Columbia and all 42 states for which data are available. CDC estimates that pregnancy rates declined for 18–19-year-olds in all 42 states reporting data for 1992 and 1995, and for 15–17-year-olds in all but two of these states. In most states, rates were considerably higher for black teens than for whites. However, in 24 of the 26 states that could calculate rates by race, blacks experienced greater declines between 1992 and 1995 than whites.

What's Driving the Declines?

Researchers who study adolescent behavior and fertility say it is difficult to say with certainty exactly why pregnancy and birthrates have fallen. “What is behind the drop in rates? That is the question we are least well-equipped to answer,” says Kristin Moore, president of Child Trends. “I don’t know of any honest researcher who will be able to answer your question.”

On one level, the answer seems simple: Since teenage abortion rates have also declined since the early 1990s, pregnancy and birthrates have fallen either because fewer teens are having sex or because more adolescents are using contraceptives. Recent survey data suggest that the real answer may be both.

Teenage Birthrates, 1991 and 1996

STATE	BIRTH RATES		
	1991	1996	PERCENT CHANGE 1991-1996
UNITED STATES	62.1	54.4	-12.4
ALABAMA	73.9	69.2	-6.4
ALASKA	65.4	46.4	-29.1
ARIZONA	80.7	73.9	-8.4
ARKANSAS	79.8	75.4	-5.5
CALIFORNIA	74.7	62.6	-16.2
COLORADO	58.2	49.5	-14.9
CONNECTICUT	40.4	37.4	-7.4
DELAWARE	61.1	56.9	-6.9
DC	114.4	102.1	-10.8
FLORIDA	68.8	58.9	-14.4
GEORGIA	76.3	68.2	-10.6
HAWAII	58.7	48.1	-18.1
IDAHO	53.9	47.2	-12.4
ILLINOIS	64.8	57.1	-11.9
INDIANA	60.5	56.1	-7.3
IOWA	42.6	37.8	-11.3
KANSAS	55.4	49.6	-10.5
KENTUCKY	68.9	61.5	-10.7
LOUISIANA	76.1	66.7	-12.4
MAINE	43.5	31.4	-27.8
MARYLAND	54.3	46.1	-15.1
MASSACHUSETTS	37.8	32.2	-14.8
MICHIGAN	59.0	46.5	-21.2
MINNESOTA	37.3	32.1	-13.9
MISSISSIPPI	85.6	75.5	-11.8
MISSOURI	64.5	53.7	-16.7
MONTANA	46.7	38.6	-17.3
NEBRASKA	42.4	38.7	-8.7
NEVADA	75.3	69.6	-7.6
NEW HAMPSHIRE	33.3	28.6	-14.1
NEW JERSEY	41.6	35.4	-14.9
NEW MEXICO	79.8	70.9	-11.2
NEW YORK	46.0	41.8	-9.1
NORTH CAROLINA	70.5	63.5	-9.9
NORTH DAKOTA	35.6	32.3	-9.3
OHIO	60.5	50.4	-16.7
OKLAHOMA	72.1	63.4	-12.1
OREGON	54.9	50.8	-7.5
PENNSYLVANIA	46.9	39.3	-16.2
RHODE ISLAND	45.4	42.5	-6.4
SOUTH CAROLINA	72.9	62.9	-13.7
SOUTH DAKOTA	47.5	39.5	-16.8
TENNESSEE	75.2	66.1	-12.1
TEXAS	78.9	73.5	-6.8
UTAH	48.2	42.8	-11.2
VERMONT	39.2	30.1	-23.2
VIRGINIA	53.5	45.5	-15.0
WASHINGTON	53.7	45.0	-16.2
WEST VIRGINIA	57.8	50.3	-13.0
WISCONSIN	43.7	36.8	-15.8
WYOMING	54.2	44.0	-18.8

NOTE: RATES ARE PER 1,000 FEMALES AGED 15-19.
SOURCE: NATIONAL CENTER FOR HEALTH STATISTICS.

According to two national surveys, fewer teenagers are having sex. The National Survey of Family Growth (NSFG) finds that the proportion of adolescent females reporting that they had ever had sexual intercourse declined from 53% to 50% between 1988 and 1995, reversing a steady increase in sexual activity in the previous two decades. More recent data from the Youth Risk Behavior Survey shows that the proportion of high school students who reported having had sexual intercourse decreased 11% between 1991 and 1997. Forty-eight percent of female students reported having had sex in 1997, compared with 51% in 1991. Among adolescent males, the proportion who had ever had sex dropped from 57% in 1991 to 49% in 1997.

At the same time, according to the NSFG, contraceptive use at first intercourse rose to 78% among females aged 15-19 in 1995, from 65% in the late 1980s and 48% in the early 1980s. However, while more than 80% of non-Hispanic white teens and nearly three-quarters of black teens reported using a method at first intercourse, only 53% of Hispanic teens said they did so. The large majority of teens who use a method the first time they have sex rely on condoms: Sixty-six percent of female teens reported in 1995 that they and their partner used condoms at first intercourse, compared with 48% in 1988 and 23% in 1982.

There was a smaller increase between 1982 and 1995 in the proportion of teens who reported currently using a contraceptive method. Among those who did use a method, reliance on condoms rose, while oral contraceptive use declined dramatically during the period.

Researchers say the recent trends in sexual activity and contraceptive use are the result of a confluence of factors, including greater emphasis on abstinence, more conservative attitudes about sex, fear of AIDS, the popularity of the long-lasting methods, such as the contraceptive implant (Norplant®) and the injectable (Depo Provera®), and even the economy.

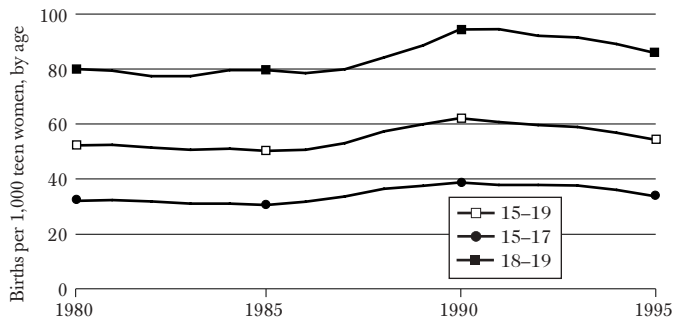
As Isabel Sawhill, a senior fellow at The Brookings Institution and president of the National Campaign to Prevent Teen Pregnancy, notes, a growing number of people and organizations have been urging teens to delay sexual activity until they are a little older. "It looks as if that message is getting through," she concludes.

Leslie Kantor, vice president of education for Planned Parenthood of New York City and cochair of the state task force to prevent teen pregnancy, agrees. "The trends seem to show that there is a group of young people who are quite compelled by the message that they ought to wait until they are older to have sex."

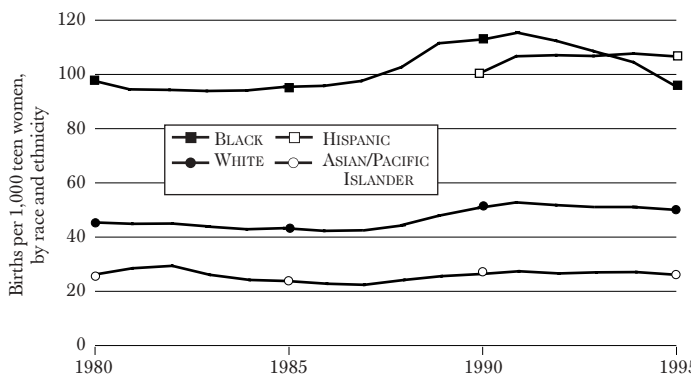
In addition, experts say, young people have become somewhat more conservative in their views about casual

GOOD NEWS, BUT TEMPERED

Teen birthrates peaked in 1991, and since have declined...



...But rates remain high, particularly among black and Hispanic teens.



Source: National Center for Health Statistics.

sex and out-of-wedlock childbearing. Surveys indicate, for example, that smaller proportions of young men and women approved of premarital sex in the mid-1990s compared with the mid-1980s.

Some attribute this shift in attitude to concern about sexually transmitted diseases, especially AIDS, which in turn may reflect the impact of AIDS education programs. Others say the involvement of conservative religious groups in the public debate over sexual behavior has also been a factor. "There is enough evidence to suggest that some changes in attitudes, which have led to some changes in sexual behavior, are due to the fact...that the religious right has embraced [the notion] that teenage sex and premarital sex are signs of the dissolution of society," says Leighton Ku, senior research associate at The Urban Institute.

AIDS has also played a role in persuading more teens to use condoms, experts say. "Kids are terrified of AIDS," contends Sarah Brown, director of the National Campaign to Prevent Teen Pregnancy. Some believe that news that sports figures and other celebrities are infected with the

AIDS virus has made teens more willing to acknowledge the risks of unprotected intercourse. In addition, Ku says, perceptions about condoms have changed. "People are less embarrassed about using condoms."

Changing patterns of contraceptive use may also have contributed to lower pregnancy rates. While oral contraceptive use has declined substantially among teens, long-lasting hormonal methods have become popular among high-risk adolescents, many of whom appear to have switched from the pill. For example, among black teens who used a contraceptive method, 24% reported using injectables or implants in 1995; only 32% used the pill, compared with 75% in 1988. "The pill is not an easy method for all people to use," notes AGI's Stanley Henshaw. "You wouldn't think we would be gaining much for pill users to switch to Norplant or Depo Provera, but in fact with [high-risk teens] you do gain a lot."

Many experts believe that the strong economy and the accompanying availability of jobs at the lower end of the pay scale have contributed to fewer births among teenagers. "Career opportunities have always been a stable predictor of when women have babies," notes Moore, of Child Trends. Improved job prospects may also have affected the attitudes and behavior of young men.

Program and Policy Implications

When CDC released its latest data on teen pregnancy rates, Donna Shalala, secretary of the Department of Health and Human Services (DHHS), declared that those rates, coupled with the declining birthrates "indicate that the early 1990s were a turning point in adolescent pregnancy trends following increases that occurred in the 1980s."

Others take a more measured view. "Things tend to go in cycles," observes Sawhill. "You get a period in which values and attitudes are liberalized toward something, then the pendulum tends to swing too far in one direction. There are some adverse consequences, people see those consequences and, with some lag, begin to adjust their own attitudes, which leads to changes in behavior."

While the trends are encouraging, many experts point out that overall birthrates are still higher than they were in the early and mid-1980s, and that pregnancy and birthrates for U.S. teens are extraordinarily high compared with rates for adolescents in other industrialized countries. The key, experts say, is to adopt policies that will sustain these downward trends.

The problem, many acknowledge, is that no one is sure how to do that. Although countless pregnancy prevention programs have been implemented in recent years by schools, family planning clinics and community agencies, few have been rigorously evaluated.

Consequently, concludes Douglas Kirby in a 1997 report for the National Campaign to Prevent Teen Pregnancy, “it is difficult to reach conclusions [about effective strategies] that are well supported by a body of evidence. As a result, some programs are based upon somewhat naïve assumptions about what will change adolescent sexual behavior, and funds and efforts are undoubtedly not directed toward the most effective approaches.”

In light of this dearth of information, Brown says, the federal government should fund research to increase our understanding of the risk factors for teenage pregnancy and childbearing and also support program evaluations to identify interventions that successfully help teens avoid unintended pregnancies and unplanned births.

Even without hard evidence of effective strategies, however, most experts share Brown’s conclusion that “it is important to continue to send teens, especially young teens, the message that they don’t have to have sex, that it’s okay to delay. That is a powerful message that resonates with kids. They need to hear it and want to hear it.”

At the same time, Brown adds, “we must continue to work hard to make sexually active kids understand that if they are not abstinent, [they must use] contraception exquisitely carefully.”

The news that more teens are using contraception at first intercourse shows that adolescents can make responsible decisions about sexuality, contends Debra Haffner, president of the Sexuality Information and Education Council of the United States (SIECUS). “In terms of policy, the trends are saying we need more education, not less and more access to services, not less.” She is not optimistic these steps will be taken, however. “Unfortunately, the political situation at the moment is working in the opposite direction....The abstinence-only programs being pushed today do not cover STD prevention or contraception. They are certainly not going to help us continue the trends in these positive numbers. Nor are barriers to young people’s access to contraception,” such as the pro-

posed parental notice requirement on Title X services currently being considered by Congress.

While it is unclear at this point whether teenage sexual activity has begun to decline or simply leveled off, many experts believe that a large proportion of adolescents will continue to become sexually active in their school-age years, even if they postpone the initiation of intercourse

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for some period of time. Since messages about abstinence and consistent contraceptive use appear to be having an impact on teens, adolescents must continue to receive both of these messages. “To argue that we can drive down pregnancy rates using only one approach or the other misses the complexity of behavior,” concludes Brown.

At the same time, these messages, by themselves, are unlikely to sustain the downward trend in adolescent pregnancy and childbearing rates or reach those teens at highest risk. As Kirby noted in his 1997 report, more attention needs to be focused on “the broad array of risk factors that reduce motivation to avoid pregnancy [such as] poverty, lack of opportunity and other aspects of social disorganization.” In its recent report on teen pregnancy rates, CDC made the same point, concluding that programs that address *both* these risk factors and “specific skills to postpone sexual experience and increase contraceptive use may be more effective in reducing adolescent pregnancy than programs focusing exclusively on changing sexual beliefs or behavior.”

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