The term adolescent pregnancy brings to mind a number of related issues such as adolescent sexuality, premarital sex, birth control, abortion, adolescent childbearing, adolescent parenthood, unplanned pregnancy, unintended birth, out-of-wedlock birth, and single motherhood. Many of these issues are highly controversial. Therefore, it may be difficult to consider adolescent pregnancy itself. Though adolescent pregnancy is related in one way or another to all of these other issues, it is important to keep in mind that it is distinct from each of them. Adolescent pregnancies, like adult pregnancies, may be planned or unplanned; may involve married couples or single individuals; and may result in miscarriages, abortions, or childbirth. Although adolescent sexual behavior may sometimes result in pregnancy, usually it does not.

Background
The idea that adolescent pregnancy is a problem, and one that should be prevented, is relatively new. During the baby boom of the 1950s, more than 25% of all women had their first birth before age 20, yet this was not considered worrisome. Not until the early 1970s, when pregnant and parenting teenagers were less likely to be married, did adolescent pregnancy begin to seem a serious social problem.

In recent years U.S. rates of adolescent pregnancy, abortion, and childbirth have been steadily declining. Between 1970 and 1990, more than 1 million adolescents in the United States became pregnant each year, but by the late 1990s, the number had dropped to fewer than 900,000 per year. Similarly, 12% of all teenage women in the United States became pregnant in 1990, yet fewer than 9% became pregnant in 1999. Whereas about 4.5% of all teenage women had abortions each year during the mid 1980s, this rate has declined throughout the 1990s to 2.5% in 1999.

Research indicates that a variety of factors have contributed to these declines, including a small drop in the rate of adolescent sexual behavior and a small increase in contraceptive use among sexually active teens. In addition, state laws requiring minors to obtain parental consent or to notify their parents before obtaining an abortion also may help explain trends in adolescent abortion.

However, the most important factor in the reduction in teen pregnancy, childbirth, and abortion appears to be an increased use of more effective contraceptive methods. That is, more adolescents than ever before are using highly effective long-acting hormonal contraceptives such as Norplant and Depo-Provera. Although these methods of birth control do not stop the spread of sexually transmitted infections such as HIV, they are extremely effective for pregnancy prevention. With hormonal implants or shots, adolescents do not have to remember to take a pill every day or know how to use condoms properly to be protected against unwanted pregnancy.

Despite these trends, teenage pregnancy and childbearing are still occurring in the United States at exceedingly high rates when compared to other developed countries. For example, recent statistics indicate that adolescents become pregnant in the United States at nearly twice the rate of adolescents in Great Britain and Canada, and at roughly four times the rate of those in France.

This is alarming because of the many negative consequences associated with adolescent pregnancy. It is estimated that adolescent pregnancy costs society as much as $7 billion per year. Close to 80% of adolescent pregnancies in the United States are unplanned, with about one-third ending in abortions and more than 40% ending in unintended births. Today, most adolescents giving birth are not married (e.g., in 1996 fewer than one fourth of adolescents who gave birth were married), yet only a small fraction of teen pregnancies result in adoption.

Moreover, adolescent childbearing appears to be associated with a variety of negative outcomes for young mothers and their children. For example, adolescent mothers are more likely than their same-age peers...
to drop out of school, rely on welfare, be unemployed, and report high levels of psychological distress such as anxiety and depression. Pregnant adolescents are less likely than older women to obtain adequate prenatal health services, and are more likely to deliver pre-term and low birth-weight babies. Ultimately, their children are at risk for a number of developmental problems including cognitive delay, school failure, and aggressive behavior.

**Teen Fathers? Not Necessarily**

Research indicates that teenage fatherhood may not play as large a role as adult fatherhood in the phenomenon of teenage pregnancy. It is estimated that as many as two thirds of the fathers of children born to school-age mothers are adults, and these adult fathers are often at least four years older than the adolescent mothers of their babies. Having an adolescent father is not necessarily a disadvantage for the children of adolescent mothers. For example, older fathers are no more likely than younger fathers to be involved in their children’s upbringing. Regardless of the father’s age, fathers who are involved during adolescent pregnancy and childbirth are more likely to be involved during the first two years of the baby’s life.

Problematic developmental outcomes have been observed among teens who do become fathers. Research suggests that teenage fathers have higher rates of school dropout, absenteeism, and legal conflict when compared to adolescent boys who are not fathers. In addition, there is some evidence that being physically or sexually abused or exposed to domestic violence in childhood increases the odds that a boy will become involved in an adolescent pregnancy, either as a teenager or as an adult.

**Risk Factors**

Although adolescent pregnancy occurs among all racial, cultural, and socioeconomic groups, some adolescents are more likely than others to become pregnant. Adolescents who experience some or all of the following are at greatest risk of becoming pregnant:

- Low academic achievement and low career aspirations.
- Alcohol and drug use.
- Socioeconomic disadvantage including poverty and being raised in a single-parent home.
- Early sexual behavior (i.e., before the age of 15).
- Lack of parental monitoring and supervision.

**Prevention**

Adolescent pregnancy is both a private problem that occurs within families and a public problem that affects entire communities. Although some people believe that families are the most appropriate providers of sexuality education and pregnancy prevention messages, and others prefer to leave the responsibility entirely in the hands of schools, effective prevention does involve the active participation of parents as well as professional educators.

**What Schools Can Do**

Many schools include some form of pregnancy prevention within their health education curricula. Best practice would suggest that any school-based attempts at pregnancy prevention should consider:

- **Sexuality education**: Effective prevention programs usually include educational components that provide accurate information about the risks associated with unprotected intercourse and methods to avoid these risks. A concern raised in some communities is that teaching young people about sex and birth control may convey the message that it is suitable for teens to have sex. The research data suggest this concern is unfounded. Pregnancy prevention programs do not significantly increase rates of sexual activity, regardless of whether the programs emphasize abstinence or sexuality education.
- **Active learning**: Effective programs tend to use active learning techniques to present sexuality information. Examples include group discussions, role-playing, and live skill practice (e.g., going to stores or clinics to practice accessing birth control).
- **Access to birth control**: Most effective pregnancy prevention programs provide access to contraceptive services, often through school-based or school-linked clinics. Obviously, distributing birth control in schools is highly controversial. However, research indicates that providing adolescents with access to contraception does not result in increased sexual activity.
- **Interpersonal skills**: Many effective programs include training in interpersonal skills such as decision making, negotiation, communication, and refusal of sexual advances. This training generally involves modeling, instruction, and various types of skill practice.
- **Values**: Effective programs take a clear stand regarding what is and is not appropriate, and are designed to shape group norms. Many specifically emphasize abstinence as the best way for teens to avoid unwanted pregnancy. However, since birth control information and access are also important, many effective interventions teach that abstinence is the best choice, but they also encourage
adolescents to practice safer sex should they chose to become sexually active.

• **Abstinence versus safer sex:** The relative emphasis placed on abstinence, as opposed to safer sex, varies from program to program. Effective programs promote norms and values appropriate for the specific populations they target. For example, an intervention aimed at middle-school students who have not yet become sexually active places the most emphasis on abstinence. In contrast, interventions aimed at high-risk teens who are predominantly sexually experienced stress condom use and other risk-reduction strategies.

• **Drop out prevention:** Poor academic performance and low career aspirations place adolescents at risk for teen pregnancy. There is evidence that reducing school drop out rates and helping struggling students succeed in school, as well as plan their future careers, actually lead to lower rates of teen pregnancy.

• **Involvement of parents:** Parents are likely to feel more comfortable about school-based sexuality education and pregnancy prevention if they are invited to participate in curriculum development.

**What Parents Can Do**

Parents can contribute to pregnancy prevention in a number of important ways, including:

• **Be involved:** Learn what types of pregnancy prevention services are provided in your community and at your child’s school. If possible, participate in curriculum development. Know what is covered and what is not, so that any discussions that you have with your child can complement the information being received at school.

• **Be realistic:** By the time adolescents graduate from high school, some have not had sexual intercourse. However, more than half have become sexually active. Even if your adolescent is not sexually active, it is likely that some members of the peer group are sexually experienced. Many youngsters report that they learn more about sex from their peers than from any other source.

• **Be brave:** Even though discussions with your teen about sensitive subjects such as sex, relationships, and birth control can be uncomfortable for many parents, these conversations can be extremely important. For example, research indicates that teenagers who discuss condoms with their mothers are more likely to use them.

• **Be persistent:** Nearly all parents report they have discussed sex with their adolescents, but many adolescents report that they have not discussed sex with their parents. A one-time discussion about pregnancy will be much less effective than an ongoing dialogue about sexuality.

• **Monitor your adolescent’s activities:** Setting limits is an important part of a parent’s responsibility. These limits change as children mature, but even with adolescents, it is important to be aware of what your children are doing, where they are, and with whom.

**Resources**


**Websites**

Alan Guttmacher Institute—**www.agi-usa.org**

Provides access to Fact Sheets and reports summarizing recent statistics about adolescent sexuality and pregnancy. It also offers a full-text version of the current issue of *Family Planning Perspectives.*

Centers for Disease Control and Prevention—**www.cdc.gov**

Information about health promotion, disease prevention, and epidemiological data.

Planned Parenthood Federation of America—**www.plannedparenthood.org**

Contains up-to-date information about contraceptive technology, relevant legal developments (particularly regarding abortion laws and policies), answers to frequently asked questions about sexual health, and information targeted specifically at adolescents. It also provides a list of local Planned Parenthood agencies.

Sexuality Information and Education Council of the United States (SIECUS)—**www.siecus.org**

Offers an array of comprehensive sexuality education resources for adolescents, parents, professional educators, and religious groups as well as information specifically relevant to adolescent pregnancy (www.siecus.org/school/preg/preg0000.html). Also includes a detailed annotated bibliography, Sexuality
Education in the Home (www.siecus.org/pubs/biblio/bibs0011.html), that describes more than 100 print, video, and on-line resources available for families, parents, children, and adolescents and provides easy access to on-line ordering of many items.

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