

Teenagers' Sexual and Reproductive Health

DEVELOPED COUNTRIES

SEXUAL ACTIVITY

- In most of the developed world, the majority of young women become sexually active during their teenage years—the proportion who have had intercourse reaches at least three-quarters by age 20.
- Levels of sexual activity and the age at which teenagers become sexually active do not vary considerably across comparable developed countries, such as Canada, Great Britain, France, Sweden and the United States.
- Teenagers in the United States are more likely to have sexual intercourse before age 15 and have shorter and more sporadic sexual relationships than teenagers in Canada, France, Great Britain and Sweden. As a result, they are more likely to have more than one partner in a given year.

CONTRACEPTIVE USE

- The primary reasons why U.S. teenagers have the highest rates of pregnancy, childbearing and abortion among developed countries is less overall contraceptive use and less use of the pill or other long-acting reversible hormonal methods, which have the highest use-effectiveness rates.
- Factors in cross-country differences in teenagers' contraceptive use include negative societal attitudes toward teenage sexual relationships, restricted access to and high costs of reproductive health services, ambivalence toward contraceptive methods and lack of motivation to delay motherhood or to avoid unintended pregnancy.

TEENAGE PREGNANCY

- There has been a drop in adolescent pregnancy rates over the last 25 years across the developed world.

- Reasons for the decline in pregnancy rates include increased motivation of youth to achieve higher levels of education, employment training and goals in addition to motherhood and family formation; provision of comprehensive sexuality education, leading to youths' greater knowledge about contraception, more effective contraceptive use and improved ability to negotiate contraceptive practice; and greater social support for services related to both pregnancy and disease prevention among adolescents.

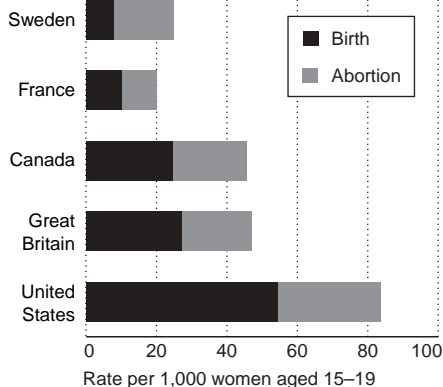
- Adolescent pregnancy rates vary across developed countries, from a very low rate in the Netherlands (12 pregnancies per 1,000 women aged 15–19 per year) to a very high rate in the Russian Federation (102 per 1,000).

- Japan and most western European countries have low pregnancy rates (less than 40 per 1,000).

- Australia, Canada and New Zealand and a number of Euro-

chart a

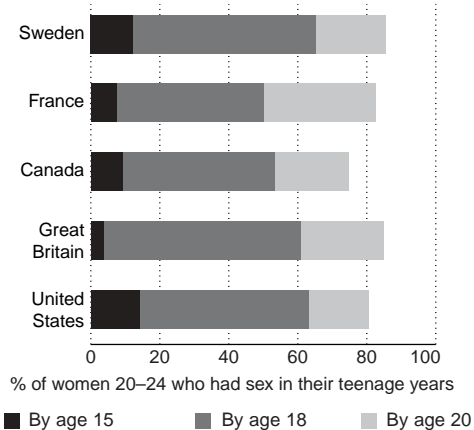
U.S. teenagers have higher pregnancy rates, birthrates and abortion rates than adolescents in other developed countries.



Note: Data are for mid-1990s.

chart b

Differences in levels of teenage sexual activity across developed countries are small.



Note: Data are for mid-1990s.



pean countries have moderate pregnancy rates (40–69 per 1,000).

- Five countries have teenage pregnancy rates of 70 or more per 1,000 per year—Belarus, Bulgaria, Romania, the Russian Federation and the United States.

CHILDBEARING

- Among 46 developed countries, adolescent birthrates range from being low in 10 countries (Japan having the lowest at 3.9 births per 1,000) to high in five countries, including the United States (54.4 births per 1,000 women aged 15–19)

- In only eight countries were birthrates higher in 1995 than in 1970—Armenia, Belarus, Estonia, Georgia, Lithuania, Macedonia, the Russian Federation and Ukraine.

- Between 1970 and 1995, the number of countries with teenage birthrates below 20 per 1,000 more than quadrupled.

- The birthrate among 18–19-year-olds is much higher than that among 15–17-year-olds, partly because older adolescents are more likely than those who are younger to be sexually active and to be married or cohabiting.

- The birthrate for 15–17-year-olds is higher than 20 per 1,000 in two countries—the United States (34 per 1,000) and Georgia (35 per 1,000). The rate is low (10–19 per 1,000) in Australia, Canada, England and Wales, Estonia, Hungary, Latvia, New Zealand and the Slovak Republic; it is very low (less than 10 per 1,000 and often below five per 1,000) in many other countries, including Japan and the Netherlands.

ABORTION

- The range in the adolescent abortion rate is wide among 33 developed countries for which information is available. Countries with low rates (10–20 abortions per 1,000 women aged 15–19) include the Czech Republic, Denmark, England and Wales, Finland, Norway, Slovenia and Sweden. The rate in the Russian Federation is very high (56 per 1,000).

- Overall, declines in the adolescent abortion rate between 1980 and 1995 are less prevalent than are declines in the adolescent birthrate. However, the decline in the U.S. teenage abortion rate between 1985 and 1996 was one of the largest in the developed world—the rate decreased by more than one-third (from 46 to 29 per 1,000). Nonetheless, the U.S. adolescent abortion rate remains one of the highest among developed countries.

- Once pregnant, women aged 15–17 are more likely to choose abortion than to carry the pregnancy to term in the majority of developed countries. These youngest adolescents are also much more likely to choose an abortion than are 18–19-year-olds.

SEXUALLY TRANSMITTED DISEASES (STDs)

- The incidence of three common bacterial STDs—syphilis, gonorrhea and chlamydia—generally decreased over the last decade in the developed world, both in the general population and among adolescents.

- Overall, syphilis, gonorrhea and chlamydia disproportionately affect adolescents and

young adults (aged 20–24). These age-groups account for more than one-fifth (and often more than one-third) of reported cases of these three diseases.

- U.S. teenagers have higher STD rates than teenagers in other developed countries—for example, England, Canada, France and Sweden—because they have more sexual partners and probably lower levels of condom use.

LESSONS LEARNED FROM CROSS-NATIONAL STUDIES

- Differences in sexual activity and the age at which teenagers become sexually active do not account for the wide variation in pregnancy and STD rates among comparable developed countries, such as Canada, France, Great Britain, Sweden and the United States.

- Strong public support and expectations for the transition to adult economic roles, and for parenthood, provide young people with greater incentives and means to delay childbearing.

- Countries with low levels of adolescent pregnancy, childbearing and STDs are characterized by societal acceptance of adolescent sexual relationships, combined with comprehensive and balanced information about sexuality and clear expectations about commitment and prevention of pregnancy and STDs within these relationships.

- Easy access to contraceptives and other reproductive health services contributes to better contraceptive use and, in turn, low teenage pregnancy rates.

SOURCES OF DATA

The data in this fact sheet are the most current available. Most of the data are from research conducted by The Alan Guttmacher Institute and/or published in its peer-reviewed journal, *Family Planning Perspectives*. Primary resources are:

Adolescent Pregnancy and Childbearing: Levels and Trends in Developed Countries, Susheela Singh and Jacqueline E. Darroch [<http://www.guttmacher.org/pubs/journals/3201400.html>]

Sexually Transmitted Diseases Among Adolescents in Developed Countries, Christine Panchaud, Susheela Singh, Dina Feivelson and Jacqueline E. Darroch [<http://www.guttmacher.org/pubs/journals/3202400.html>]

Can More Progress Be Made? Teenage Sexual and Reproductive Behavior in Developed Countries [http://www.guttmacher.org/pubs/euroteens_summ.pdf]



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