

## **Unintended pregnancy among U.S. adolescents: accounting for sexual activity**

Lawrence B. Finer, Ph.D.  
Guttmacher Institute  
125 Maiden Lane, New York, NY 10038

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### **Abstract**

Unintended pregnancy rates typically include all women in the denominator. This understates adolescent rates, since many adolescents are not sexually active. When rates are recalculated including only sexually active people, women 15–19 have the highest rates, arguing for a continued focus on adolescents in efforts to reduce unintended pregnancy.

### **Keywords**

Adolescent pregnancy, unintended pregnancy, sexual behavior

### **MeSH subject headings**

Pregnancy in adolescence; pregnancy, unplanned; pregnancy, unwanted; sexual behavior

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### **Introduction**

In 2001, some 49% of pregnancies in the United States were unintended, and the U.S. unintended pregnancy rate was 51 per 1,000 women aged 15–44 years. Rates were highest among women aged 18–24 years, whereas rates for women aged 15–17 years were substantially lower [1]. These estimates were formed by dividing the number of unintended pregnancies overall or in a particular age group by the number of women of reproductive age (15–44 years) or the number in that particular age group, regardless of whether they were sexually active. Most adult women are sexually active, so for these women, this calculation does produce something very close to a true rate — that is, the number of events divided by the number of people at risk of the event. However, less than half of women aged 15–19 years are sexually active [2]. Limiting the denominator to sexually active women should provide a complement to the traditional measure by giving a more accurate picture of unintended pregnancy and the dynamics of this problem among teens as compared with adults. Previous analyses have examined the overall teen pregnancy rate among sexually experienced adolescents [3, 4], but these were not limited to unintended pregnancies and offered no comparison to adult rates.

### **Methods**

This analysis builds on a previous study looking at unintended pregnancy nationally and among various demographic subgroups. The primary methodology is described in detail elsewhere [1]. Briefly, data from the 2002 National Survey of Family Growth (NSFG) were used to determine the proportion of births and fetal losses to each subgroup of women that were unintended over a

5-year period ending in 2001. These proportions were applied to the actual number of births and the estimated number of fetal losses experienced by women in 2001. The number of births was obtained from U.S. vital statistics; the number of fetal losses was calculated by applying the ratio of fetal losses to births reported in the NSFG to the actual number of births in the population. All abortions were assumed to be unintended pregnancies, although we know a small percentage actually follow desired conceptions [1]. The number of abortions was taken from a 2000 census of all U.S. abortion providers, projected forward to 2001 using Centers for Disease Control and Prevention data for 2000 and 2001. Abortions were added to unintended pregnancies ending in birth or fetal loss to produce the total number of unintended pregnancies in 1 year.

For this new analysis, NSFG data were also used to calculate the proportion of women in each age group who were sexually active at any time in the past year. These proportions were then applied to female population estimates from the U.S. Census to obtain the number of sexually active women in each age group. Finally, rates were obtained by dividing the number of unintended pregnancies by the number of sexually active women.

## **Results**

Figure 1 shows the proportion of women in each age group who had been sexually active in the past year. As expected, percentages were lowest for teen women, and relatively low for women aged 20–24 years, whereas there were few differences among women aged 25 and older, of whom approximately 90% had been sexually active in the past year.

Figure 2 shows traditional unintended pregnancy rates alongside the newly calculated rates. For all women, the rate is 51 per 1,000, compared with 69 per 1,000 among sexually active women. The latter rate is about 36% higher.

Because fewer teens are sexually active, the difference is greatest among the youngest age groups. Moreover, although the rate among all women aged 15–17 years (40) is lower than that of all women aged 18–34 years, the rate among sexually active women aged 15–17 years (147) is more than 3 times as high as that among all women aged 15–17 years, and is more than twice the national figure. It is roughly comparable with that of women 18–19 years, and teen rates are higher than all groups of adult women. The rate among sexually active women aged 18–19 years is also 50% higher than the rate among all women in that age group. Among women aged 25 years and older, there is little difference between the two sets of rates.

## **Discussion**

Traditional estimates of unintended pregnancy understate the extent to which sexually active adolescents experience such pregnancies relative to older women. Rates for adolescents aged 15–17 years are substantially understated, and a clear difference between women aged 18–19 and 20–24 years is obscured when only traditional rates are examined. This is not to say that the problem among those  $\geq 20$  years should be downplayed or efforts to address them should be discontinued. Indeed, there are substantially more unintended pregnancies among women aged 20–24 years than among younger women [1]. But these results underscore the relatively higher risk faced by teens who are sexually active.

The United States has made clear progress in reducing the teen pregnancy rate; by 2005, that rate had fallen 41% from its 1990 peak. However, the rate increased 3% in 2006 [5]. Both the reversal of that trend and the findings of this analysis suggest that more work needs to be done to reduce the more than three-quarters of teen pregnancies that are unintended. Adolescents who do not have sex are not at risk of unintended pregnancy, but about half do start having sex during

their teen years, a figure that has been fairly stable over the past decade [6]. It is therefore imperative that health educators and parents equip teens with the information and tools they need to protect themselves if and when they choose to become sexually active (as virtually all will), and that policymakers facilitate access to these resources by supporting comprehensive, evidence-based approaches to sexuality education.

### **Acknowledgments**

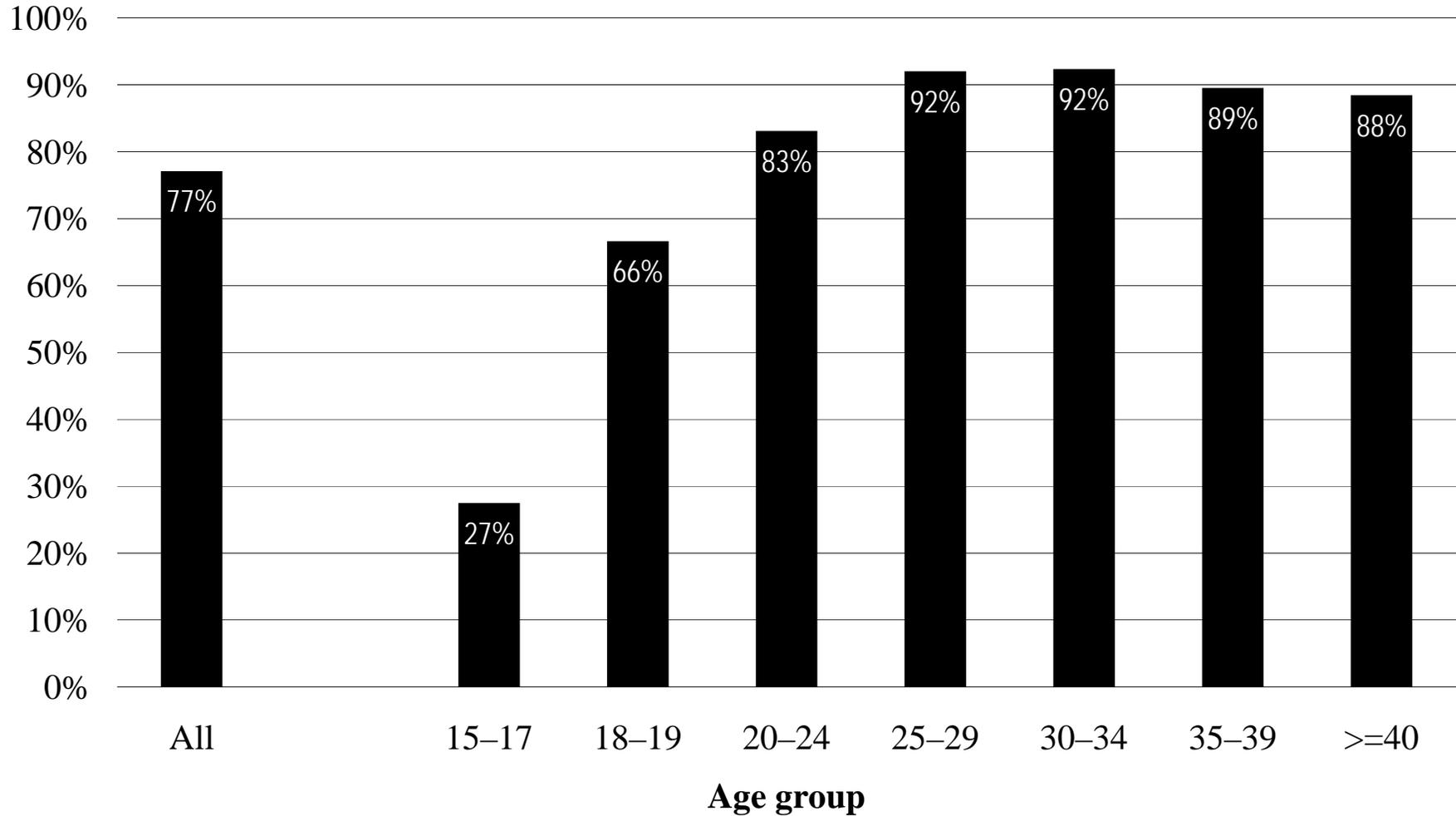
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**Figure 1. Percentage of women sexually active in past year, by age group, United States, 2002**



**Figure 2. Unintended pregnancy rates for all women and sexually active women, by age group, United States, 2001**

