Three studies released in April 2012 serve to remind Americans how the United States continues to struggle with social and economic disparities in key reproductive health outcomes, and continues to lag behind other developed countries.

Social and economic disparities appear to be worsening among young adult women, according to another study, from researchers at the Guttmacher Institute. The study found that more than two-thirds of the pregnancies experienced by unmarried women aged 20–29 in 2008 were unintended, and that nearly 10% of women in this demographic group experienced an unintended pregnancy that year. Women in their 20s, especially those who are unmarried, have the highest rates of unintended pregnancy, a fact that historically has been largely ignored by policymakers, the media and the public in their focus on teens.

Yet the CDC researchers also pointed to United Nations data showing that the U.S. teen birthrate remains among the highest in the industrialized world. Moreover, they documented considerable racial and ethnic disparities, with black and Hispanic teens experiencing birthrates more than twice as high as the rate among white teens. The CDC report depicted similarly large differences in the teen birthrate among states, in part because of differences in states’ racial and ethnic compositions. Rates were typically highest in the South and Southwest and lowest in the Northeast and Upper Midwest.

An annual update from the Centers for Disease Control and Prevention (CDC) on trends in teen birthrates offers some undeniably good news: The U.S. rate fell to a historic low of 34 births per 1,000 women aged 15–19 in 2010, which represents a 44% decline since a recent peak in 1991, after a spike in the rate during the late 1980s (see chart). The analysis provides further reassurance that a small increase seen in the mid-2000s was a temporary interruption of a long-term downward trend.

The Guttmacher study found that not only did the unintended pregnancy rate increase slightly among young unmarried women overall between 2001 and 2008 (from 92 to 95 per 1,000), but that differences by income and education had become increasingly stark by 2008 (see chart). Significant disparities by race and ethnicity also persist, although the rate among black women did show improvement.

Meanwhile, according to a report from the Congressional Research Service (CRS), socioeconomic disparities remain important factors behind the stagnant U.S. infant mortality rate, as well. The CRS analysis reported that, in the United States, there were 6.6 deaths occurring in the first year of life per 1,000 live births in 2008. Compared with a group of developed countries—the members of the Organization for Economic Co-operation and Development (OECD)—the United States ranks worse than all but three of the other 33 members: Chile, Mexico and Turkey (see chart). The U.S. infant mortality rate has plateaued over the past decade, after four decades of decline.

The CRS report found that racial disparities only partially explain the relatively high U.S. rate. Although the mortality rate for infants born to black mothers was more than twice that for those with white mothers, even that latter rate, 5.5 per 1,000, is higher than the OECD average and twice as high as rates in Scandinavia. The report suggests that high rates of preterm and low-birth-weight births are at the root of the U.S. infant mortality problem and of the disparity between the United States and other developed countries.

Notably, all three reports point to efforts to increase and improve contraceptive use as important factors in addressing their respective reproductive health problems. The CDC’s report on teen birthrates, for example, cites research suggesting that teen pregnancy prevention efforts and improved contraceptive use among teens have contributed much to the recent declines. (A Guttmacher analysis of data from another CDC survey found that, in fact, the decline in teen births in the latter half of the 2000s can be linked...
Almost exclusively to improvements in teens’ contraceptive use, and that there was no significant change over that period in the proportion of teen women who were having sex.4) For its part, the CRS infant mortality report notes that “infants born to teenage mothers are more likely to die in the first year of life” and that “women who have unintended pregnancies are more likely to delay prenatal care and to have adverse outcomes, including low birthweight births and infant deaths.”3 It highlights government sex education and family planning programs as playing a potentially key role in addressing the problem of infant mortality.—Adam Sonfield

REFERENCES