Those groups that should have been excluded because they are not at risk of pregnancy (that is, women who were pregnant, postpartum, seeking pregnancy, infecund or sterile) are included, because nant, postpartum (gave birth less than two months ago), seeking pregnancy, infecund or sterile. For Great Britain, data are for 16–19-year-olds who were sexually active in the recent three-month period.

Adolescents’ use of contraception at first intercourse varies substantially according to income or social class in the United States and Great Britain, but very little in France. In the United States and Great Britain, differences in recent contraceptive use are much smaller than those in use at first intercourse. However, at all socioeconomic levels, adolescents in the United States are much more likely than adolescents in Great Britain to report that they do not use contraceptives, which could be an important factor in explaining differences in teenage pregnancy levels across the two countries. In addition, data available only for the United States show that poor and minority adolescent women (and older poor and minority women) are less-successful contraceptive users.

Discussion

Despite being significantly limited by a lack of comparable information on all measures for all five countries, we have found consistent patterns of relationships between socioeconomic disadvantage and adolescent sexual behavior. There are large differences in early childbearing across income and educational attainment levels, with poorer and less-educated young women being more likely to have a child during adolescence. We also found large differences across racial and ethnic groups and immigrant status groups within countries, but the nature of these differences varies by country because of differences in culture and values of the particular minority or immigrant groups in each country. Public opinion surveys in a range of developed countries show that the large majority of people now consider premarital intercourse to be acceptable. Other nonwhite non-Hispanics are not shown. Notes: Percentages are based on those who had intercourse in the past three months. For the United States, data are for 15–19-year-olds at risk of pregnancy—that is, those who were sexually active in the past three months who were not pregnant, postpartum (gave birth less than two months ago), seeking pregnancy, infecund or sterile. For Great Britain, data are for 16–19-year-olds who were sexually active in the recent three-month period. Those groups that should have been excluded because they are not at risk of pregnancy (that is, women who were pregnant, postpartum, seeking pregnancy, infecund or sterile) are included, because they could not be separately identified. Because these groups are likely to be nonusers, the impact is to make the proportion of nonusers higher than it would otherwise be.

Figure 4). In the United States, black or Hispanic teenagers are more likely than white adolescents to have used no method the last time they had intercourse: Twenty-eight percent of Hispanic teenagers did not use a method at last intercourse, compared with 23% of black teenagers, and 18% of white teenagers.

Figure 4. Percentage of 15–19-year-old sexually active women who did not use a contraceptive method at last intercourse, by various measures of disadvantage

- For definition of categories, see Table 1, page 253. †For the United States, “nonwhite” signifies black non-Hispanic. Other nonwhite non-Hispanics are not shown. Notes: Percentages are based on those who had intercourse in the past three months. For the United States, data are for 15–19-year-olds at risk of pregnancy—that is, those who were sexually active in the past three months who were not pregnant, postpartum (gave birth less than two months ago), seeking pregnancy, infecund or sterile. For Great Britain, data are for 16–19-year-olds who were sexually active in the recent three-month period. Those groups that should have been excluded because they are not at risk of pregnancy (that is, women who were pregnant, postpartum, seeking pregnancy, infecund or sterile) are included, because they could not be separately identified. Because these groups are likely to be nonusers, the impact is to make the proportion of nonusers higher than it would otherwise be.

In Canada and Great Britain, differences in initiation of sexual activity among adolescent women by immigrant status and by race and ethnicity are large and are consistent with differences in adolescent childbearing: Both sexual activity and childbearing before age 20 are less common among foreign-born adolescents and among nonwhite adolescents than among native-born and white adolescents.

We also found substantial differences in adolescents’ sexual activity according to educational attainment. This finding is consistent with the findings of multivariate studies showing that adolescents who have greater motivation to obtain an education and better access to educational opportunities also are motivated to delay sexual activity and childbearing.

Adolescents’ use of contraception at first intercourse varies substantially according to income or social class in the United States and Great Britain, but very little in France. In the United States and Great Britain, differences in recent contraceptive use are much smaller than those in use at first intercourse. However, at all socioeconomic levels, adolescents in the United States are much more likely than adolescents in Great Britain to report that they do not use contraceptives, which could be an important factor in explaining differences in teenage pregnancy levels across the two countries. In addition, data available only for the United States show that poor and minority adolescent women (and older poor and minority women) are less-successful contraceptive users. This also could contribute to higher teenage pregnancy rates in disadvantaged groups in the United States.

The large size of disadvantaged groups in the U.S. population, combined with disadvantaged teenagers’ greater likelihood of having a child, is an important factor in explaining national differences in teenage childbearing. The proportion of the U.S. population that is poor (those whose income is less than half the median income) is at least two-thirds larger than that of the other four study countries. One-third of American adolescents are black or Hispanic, and a large proportion of these minority groups are disadvantaged in many respects. This proportion is at least twice the proportion of racial and ethnic minorities in the populations of the other four study countries.

However, a large concentration of socioeconomic disadvantage in the U.S. population is not the only factor in the country’s higher adolescent pregnancy rate. When we compared adolescents of similar status across countries, we found large differences in almost all measures of sexual behavior and disadvantage. A larger proportion of low-income 20–24-year-old women in the United States than of British women in the lowest social status group had their first child during adolescence.