

# **On the Demographic Stratification in U.S. Teenage Pregnancy Rates**

by Gary Charles Glick

When one thinks of a typical teenage mother in the U.S., the image of a poor, African-American or Hispanic woman living in a less than desirable neighborhood is the one that comes most frequently to mind. This common image is promoted by countless stereotypes and assumed by many to be a broad generalization. While much truth lays in the notion that the relationship between demographic variables and teenage pregnancy is a complex one, these prevailing and seemingly ignorant stereotypes are often hard to refute. Adolescent women in lower socioeconomic classes *are* more likely to become teenage mothers than their better-off counterparts (Singh, Darroch, & Frost, 2001). Economically disadvantaged adolescents *are* more likely to be African-American or Hispanic (South & Baumer, 2001). African-American and Hispanic youths *are* more likely to have sex earlier and with multiple partners, putting them at an increased risk of becoming pregnant (Santelli, Lindberg, Abma, McNeely, & Resnick, 2000; Santelli, Lowry, Brener, & Robin, 2000). All of these high-risk subgroups of the population *are* less likely to terminate their pregnancies through voluntary abortion (Luker, 1996). One's geographical location, with respect to a given community's wealth and demographic makeup, may also be correlated with teenage pregnancy rates. Nevertheless, it is well documented that the United States has a higher teenage pregnancy rate than any other major industrialized nation.

Furthermore, the U.S. has a larger proportion of its adolescents in economically disadvantaged environments than many other developed nations (Singh, Darroch, & Frost, 2001).

The issue of teenage pregnancy is an issue of specific, at-risk subgroups as well as an issue of the population as a whole. African-Americans, for example, are not the reason the U.S. has such high teenage pregnancy rates compared to other developed nations. In fact, African-American pregnancy rates are lower now than in recent years (Corcoran, Franklin, & Bennett, 2000). However, in targeting specific races, social classes, and communities deemed by reliable statistics as being at an unusually high risk, the United States can make the most efficient use of its resources and have the greatest hope for improving these disheartening statistics that plague its social welfare.

### ***Socioeconomic Variables***

While the issue of teenage pregnancy is unquestionably an issue that any sexually active young woman in the U.S population can potentially face, the most predictive variable of who faces it and who does not is socioeconomic status (Hardwick & Patychuk, 1999). With respect to the United States as a whole, a study by Singh, Darroch and Frost (2001) breaks down the population into three categories: low, medium, and high economic status. Economic status is defined in terms of family income, as a percentage of the federal poverty level. Those of low economic status have a family income of less than 149 percent of the federal poverty level. Those defined as medium economic status have a family income between 150 and 300 percent of the poverty level. The definition of high economic status requires one's household income to be over 300 percent of the federal poverty level. This definition allows for little distinction between the middle and upper classes but adequately separates the more at-risk subgroups, the lower class and the near-lower class. The study found that 40 percent of women at the low economic level

currently aged 20 to 24 gave birth to a child before age 20. However, only 20 percent of those at the middle economic level and 8 percent at the high economic level gave birth to a child before their 20<sup>th</sup> birthday (Singh, Darroch, & Frost, 2001). Many critics of statistics such as these exclaim that poverty is not a precursor to teenage pregnancy but an effect of it. Sadly, most teenage mothers are not middle- or upper-class women who have grown poor simply because the added pressures of child-rearing came along. One study asserts that roughly 80 percent of teenage mothers were living at or near poverty levels well before they became pregnant (Luker, 1996). Here we have hard statistics supporting an assumption that many decry and dismiss as a simple stereotype. Teenage pregnancy *can* happen to anyone, but as we delve deeper into issues of poverty and low socioeconomic status, we see that the worse off an adolescent woman is with respect to these variables, the more likely it is to happen to her.

If poverty was a problem as simple as having or not having money then this paper would probably end here. Unfortunately, low economic status levels correlate strongly with many other social variables that seem to have a significant effect on an adolescent woman's susceptibility to becoming a teenage mother. Educational attainment is just one of the factors that seems to be strongly correlated with economic status. The association is almost shocking; 65 percent of U.S. women currently aged 20 to 24 who fail to graduate high school had a child prior to their 20<sup>th</sup> birthday. Only 28 percent of those women who graduated high school and 8 percent of those who went on to college had a child before the age of 20 (Singh, Darroch, & Frost, 2001). Teenage pregnancy is clearly a factor in that militates against young mothers attending college. However, many of these young women were not aspiring to enroll in higher education prior to becoming pregnant. This supports the notion that it is this lack of ambition that predisposes young women, particularly those moving towards poverty, to the life of a teenage mother.

In addition to level of education, there is also a certain psyche associated with adolescent females in the lower echelons of U.S. society. These women have less to look forward to in life. This leaves little reason for them to postpone early adolescent sexual activity, intimate relationships, or childbearing in general. Many of these women, particularly the poorest ones, know that they are not destined for professional careers that require a great deal of planning for the future. The following quote seems to articulate it best, "Poor women realistically know that postponing their first birth is unlikely to lead to a partnership in a good law firm" (Luker, 1996, 109). This disabling mindset leaves a void for young women to fill and often this void is filled by sexual activity, which then results in teenage pregnancy. However, with respect to socioeconomic status, the statistics regarding adolescent sexual activity paint a completely different picture than do statistics concerning adolescent pregnancy.

There is no significant statistical association between adolescent sexual activity and economic status in the United States (Singh, Darroch, & Frost, 2001). While the age at first sexual encounter may vary between adolescents at different economic levels it is a gap that is gradually narrowing; the percentage of women who engage in sexual activity prior to their 20<sup>th</sup> birthday is roughly uniform across our previously defined economic levels. Eighty-one percent of the women at the low economic level, 79 percent at the middle economic level, and 80 percent at the high economic level will have intercourse before they reach the age of 20 (Singh, Darroch, & Frost, 2001). This data is similar to the teenage sexual activity rates of other developed nations. Neither France, Great Britain, nor Canada show any difference in the percentage of sexually active teens in each of the given economic levels. Furthermore, the percentage of teens in the population as a whole who engaged in sexual intercourse before their 20<sup>th</sup> birthday is almost identical between the four developed nations in question (Singh, Darroch, & Frost, 2001).

U.S. teens are having considerably more babies per capita each year than these other three nations yet they are having roughly the same amount of sex. This may have to do with the notion that we live in a society of mixed messages, a society in which many of its members are still uncomfortable with the idea of their children having sexual intercourse, regardless of the context. After assessing the role of socioeconomic status, we are left with race – another key demographic variable supporting the notion that certain sub-groups of an already at-risk population are at an increased susceptibility to teenage pregnancy.

### ***Racial Variables***

Teenage birth rates are far from being distributed evenly across various racial groups. While the gaps between the number of Caucasian, African-American, and Hispanic teenage girls that become pregnant each year is slowly growing narrower, these racial differences are still far from insignificant. In 1996, 70 out of 1000 Caucasian females, aged 15 to 19, became pregnant (Ventura, Matthews, & Curtin, 1998). In the same year, roughly 180 out of every 1000 African-American women and 160 out of every 1000 Hispanic women, aged 15 to 19, discovered that they were pregnant (Ventura, 1998). For reference, 38 percent of the pregnancies in the above study ended in voluntary abortions. Another study asserts that 37 percent of African-American women currently aged 20 to 24 had a child before their 20<sup>th</sup> birthday (Singh, Darroch, & Frost, 2001). The same study stated that 32 percent of Hispanic women and 17 percent of Caucasian women in the 20 to 24 age gave birth before the age of 20. These figures are showing a downward trend, especially with respect to African-American females. However, data shows that Hispanic adolescents may soon top African-American adolescents in births per capita (Corcoran, Franklin, & Bennett, 2000). Nevertheless, all of these differences are significant and all shed light on the notion that one's susceptibility to joining the ranks of teenage motherhood is not

colorblind. However, does the same pattern persist with respect to adolescent sexual activity in general amongst these three racial groups?

Statistics regarding adolescent sexual activity are less egalitarian with respect to race than they are in respect to the various economic levels previously outlined. The notion that certain racial groups are at an increased likelihood to have sex at younger ages is supported strongly by recent statistical data. The 2003 edition of the World Almanac indicates that 16.3 percent of African-American adolescents had sex while under the age of 13. Only 7.6 percent of Hispanic adolescents and 4.7 percent of Caucasian adolescents follow this pattern. With respect to the high-school age bracket as a whole, the same source indicates that 68.8 percent of African-Americans, 53 percent of Hispanics, and 45.1 percent of Caucasians are currently sexually active. These statistics do not even include those who have dropped out of high school, which there are more of in the African-American and Hispanic racial groups than there are in the Caucasian group. The real numbers, and difference between the three groups, could very well be greater than the World Almanac indicates with respect to the U.S. population as a whole. While the trends seem to balance out somewhat across racial lines as these teenagers age, a marked conclusion can still be drawn from the data: African-American youths are much more likely to have sex at a younger age than their Caucasian and Hispanic counterparts.

Not only are African-Americans more likely to have sex at a younger age, they are also more likely to have sex with multiple partners. One study states that as many as 67 percent of sexually active African-American adolescents had intercourse with four or more partners throughout their lifetime up to that point (Santelli, Lindberg, Abma, McNeely, & Resnick, 2000). Forty-eight percent of sexually active Hispanic adolescents and 31 percent of sexually active Caucasian adolescents follow the same trend. This particular study is based on widely circulated

surveys that defined “adolescent” as persons aged 15 to 17. Despite the fact that it may not encompass the entire adolescent cohort, it still sheds light on some staggering statistics of sexual promiscuity between races.

### ***Disadvantage and Geographic Location***

While racial variables reveal certain at-risk groups, findings related to geographic location also provide discouraging statistics. The United States has a higher percentage of its women, aged 20-24, in the lowest of the three previously identified economic levels than either Canada or Great Britain, both of which have considerably lower teenage pregnancy rates. This alone is quite startling but the numbers themselves further intensify the problem. The U.S. has 31.2 percent, Canada has 24.6 percent, and Great Britain has 17.3 of its young adult, female population hovering near or below poverty levels (Singh, Darroch, & Frost, 2001). This economic disadvantage is associated with lowered personal competence, limited access to health care and support services, and a lack, or near lack, of monetary resources necessary even to raise the child. Most upsetting is the notion that many of these disadvantaged teens will accept pregnancy as a rational response to a lack of other aspirations in life. Those at lower economic levels congregate with one another, resulting in entire communities that can be characterized as economically disadvantaged.

In fact, community effects on adolescent pregnancy may provide the missing link between socioeconomic status and racial variables. Race is often linked to economic levels due to the fact that ethnic minorities are often over-represented in the lower strata. Teenagers from low socioeconomic status (often minority teenagers) may feel limited in terms of upward social mobility, which creates a lack of conscious reasons to postpone pregnancy and early sexual encounters (Corcoran, Franklin, & Bennett, 2000). This is where community context comes into

play. A recent study shows that the presence of economically disadvantaged neighbors, in addition to the absence of affluent neighbors, is correlated with a significant increase in the likelihood that an adolescent female will become pregnant (South & Baumer, 2001). This association holds true *even after* controlling for the pregnant teenager's socioeconomic status as well as that of her family. The study in question supports this claim with a large theoretical foundation, putting a human face on a problem most often explained through numbers. The reasons are often simple: those neighborhoods in the disadvantaged sector are less likely to have a sufficient supply of economically attractive potential husbands. This results in a decreased likelihood of a given female staying with a given male for an extended period of time as well as an increased likelihood for these same young women to have multiple sexual partners. One study of African-American women found that lower marriage rates and neighborhood socioeconomic disadvantage show a strong correlation (South & Baumer, 2001).

A second explanation may have to do with abortion rates. Multiple studies support the notion that economically disadvantaged adolescent women are less likely voluntarily to terminate their pregnancies (South & Baumer, 2001). Roughly 75 percent of teens, aged 15 to 19, at the highest economic level who become accidentally pregnant terminate their pregnancies through abortion while less than one-half of unexpected pregnancies among teens at the lowest economic level are aborted (Luker, 1996). These individual trends do relate back to neighborhoods in the sense that disadvantaged neighborhoods are less likely to have abortion providers (South & Baumer, 2001). This is probably not an adequate explanation for why those adolescents in poorer neighborhoods are less likely to have abortions but is more likely a result of economic and cultural factors. Abortion clinics function like any other business; if the demand of a given neighborhood is great enough to support its existence then the clinic will have the



resources necessary to supply the neighborhood with abortions. Both cultural and economic factors can account for this. First, those of a low economic stratum simply may not be able to afford the often hefty bill associated with professional abortions. Second, there may be few compelling reasons even to make the effort. If a young teenager has no educational or occupational aspirations, which many often do not, then she may not have a reason to postpone being a mother through voluntary abortion. This was listed previously as one of the major reasons that many adolescents postpone pregnancy or even sexual activity. It also holds true in respect to the lack of one's urgency in postponing motherhood through such measures as abortion. Those at higher economic levels and in more economically advantaged neighborhoods may simply have more reasons to abort a pregnancy.

### ***Intervention Techniques: Geographic Mapping***

The wealth of statistics presented above do provide some startling findings about the teenage women most at-risk for becoming young mothers. However, this analysis is futile unless it is used to suggest intervention techniques designed to make a difference in the lives of young women in the socioeconomic and racial groups analyzed here. How can we provide compelling reasons to postpone pregnancy, not necessarily through abortion, to those adolescents who cannot find any of their own? The most sensible and realistic method presently available is geographic mapping. This technique has been used in the past to identify associations between social inequalities and sexual health. Essentially, it enables analysts to pick out the small geographical areas that seem to be at an increased risk for excessive teenage births per capita. Many of these smaller geographical areas correlate well with the risk factors previously identified, such as being African-American or Hispanic and falling into the lowest of economic

levels (Hardwick & Patychuk, 1999). Two studies have been able successfully to use geographic mapping to identify which of these areas show the greatest need for intervention.

The first of the two studies mapped California's 210 zip codes with the highest rates of births to mothers, between the ages of 15 and 17, per capita. This helped analysts to design intervention techniques to tackle problems specific to different neighborhoods as well as giving each at-risk area the general education it needed. After these 210 high-risk zip codes were identified, it became evident that all of them had lower median family incomes than areas that were not deemed as high-risk. Another geographic mapping study took place in and around Toronto, Canada. This large Canadian city witnessed a 25 percent increase in its teen pregnancy rate between 1986 and 1995, sparking the study at hand. City officials employed the techniques of geographic mapping to isolate high-risk areas within the city and target sexual health programs for those areas. Toronto has a system of postal coding similar to the zip codes used in the United States. Census information based on socioeconomic and age-related variables was used to identify the communities that needed intervention the most. The study found that the teen birth rate for the years 1995 and 1996 was almost four times higher in the lowest income areas as opposed to the highest income areas (Hardwick & Patychuk, 1999). Unfortunately, intervention techniques in the Toronto area were not widely implemented until recently and data regarding their effectiveness with respect to this metropolitan area is still pending. However, the studies at hand serve to demonstrate the utility of geographic mapping in identifying areas where sexual health programming is needed the most. Geographic mapping is inexpensive and easy to execute if preexisting census data is readily available. In addition, planning at the community/neighborhood level allows local problems to be addressed with greater ease. Finally,

and most pertinent to this paper, geographic mapping allows the neighborhoods that need intervention the most to obtain it, targeting at-risk racial and economic groups in the process.

## ***Conclusion***

The major goal of this paper is to heighten awareness and to promote intervention techniques in a context that would maximize their effectiveness. Those who are opposed to the targeting of specific socioeconomic and racial groups should allow the facts to speak for themselves. While it is those young women who drift close to or into poverty and those who come from specific racial backgrounds (most notably African-American and Hispanic) who seem considerably more likely to become teenage mothers, the issue of teenage pregnancy is largely a national one. U.S. women are still more likely than women in any other major developed country to give birth to a child in adolescence (Singh, Darroch & Frost, 2001). This has been an ongoing trend throughout the latter half of the 20<sup>th</sup> century and into the 21<sup>st</sup> despite the well-documented fact that socioeconomic and racial differences in teenage pregnancy rates are decreasing. We as a nation can make the most efficient use of our resources by identifying the most vulnerable areas (through geographic mapping) and providing people with preventative education regarding adolescent pregnancy and sexual health. Only through the use of statistics can the specific high-risk demographic variables be brought into the open. This is the only way that these comparatively grim teenage pregnancy rates may cease to plague our nation.

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