



Image from: [Raising a baby is difficult at any age, but... in Encyclopedia of Global Health](#)

Summary Article: **Teen Pregnancy**

From *The Multimedia Encyclopedia of Women in Today's World*

Also referred to as adolescent pregnancy, teen pregnancy is generally defined as a teen woman conceiving before the age of 20. The bulk of research looking at rates of teen pregnancy examines information from the 20th century forward, and although cross-national comparisons remain difficult to make, national data are often separated between “developed” and “developing” countries. Additional variables included, if available, are race and ethnicity, educational level of the pregnant teen, economic level of the pregnant teen, her living situation (e.g., living with the child's biological father and/or her biological parent or parents), access to sex education and contraception, and access to healthcare and sources of nutrition. Two major concerns stand out in the research: teen pregnancy as a social problem and the health of pregnant adolescents and their children.

Statistics on Teen Pregnancy

Similar to most issues that emphasize rates, figures, and statistics, data for teen pregnancy rates across the globe are difficult to obtain. Each nation determines which demographic information it collects, not all hospitals maintain records, and many academic studies rely upon self-reported information. Importantly, a distinction exists between the teen pregnancy “rate” and teen pregnancy “births,” since, depending upon the nation in question, end-of-pregnancy rates may be as high as one in two. Pregnancy ends through various means, including abortion (legal or illegal) and miscarriage, physical abuse, lack of nutrition, and unknown biological reasons. Reliability of the data proves an additional challenge to researchers who study the impact of adolescent pregnancy and the overall health of teen woman and their children. A glance at the research shows that reports vary greatly, reporting either significant differences or little to no differences in maternal and infant health of women giving birth before age 20 compared to women giving birth after 20.

Regardless of the challenges in calculating teen pregnancy birth rates, researchers have established an early-21st-century world average for adolescents of 65 births for every 1,000 women giving birth. Rates range as low as five or less in Japan and Switzerland, to under 45 in Turkey and 50 in the United States, to a regional average of 140 in sub-Saharan Africa.

Meta-analyses can often point out potential biases in the data sources, methods, and comparisons. After careful consideration of the multiple studies, the World Health Organization developed a reading of the concerns commonly said to face pregnant teens and their children. Hypertension, though often studied, does not appear to increase in women under 20 any more than women over 20, and while anemia rates vary throughout the world, these rates more likely vary due to sources of nutrition rather than pregnancy. Malaria, human immunodeficiency virus (HIV), and iodine deficiency continue to be great threats in many regions of the globe, not only to pregnant teens but also to their children. Importantly, these three issues threaten the bulk of the population in particular areas and are not specific to teen pregnancy, although a lack of proper levels of iodine in teens can lead to decreased brain development in the fetus. Preterm births, low-birthweight-babies, and infant mortality do appear to be higher in the adolescent birth population, but the latter two may stem more from preterm births, as women over 20

who have preterm births also have higher rates of low birth weight and infant mortality than do their counterparts.

Maternal death is higher among pregnant teens, particularly in developing nations where overall maternity care is somewhat low or difficult to acquire.



Unintended teen pregnancy in the United States is a persistent social issue for society as a whole. The United States has the highest rate of pregnant underage girls, followed by Hungary, New Zealand, and the United Kingdom.

Unsafe abortions may also contribute to the high rate of maternal death in teens, afraid or unsure of how to inquire about safe abortions, if available. Studies do confirm high rates of physical and sexual abuse of teen mothers, before, during, and after conception and birth, and rates of physical abuse and neglect are often high in the children of teen mothers.

A Social Problem?

Teen pregnancy rates in most developed nations have been declining overall since the 1950s, with contemporary rates lower than 1950s rates. Between 1975 and 1995, some developed nations, including the United States and Great Britain, declared teen pregnancy as one of the major issues facing their societies. Even in the 1990s, when politicians raised concerns, many did, and still do, question the validity of notions such as “epidemics” of teen pregnancy, not simply because of the historically low rates. Concerns stem instead from social morality that deems young women as unfit mothers or of discriminatory practices due to the overrepresentation of women of color and immigrant women in the statistics.

Regardless of developed or developing nation status, most countries continue to encourage marriage before the birth of a child. In cultures where young women are married soon after menarche (the age of first menstruation), the age of first marriage and first pregnancy likely occur to an adolescent woman. Although it remains impossible to note all countries, India, Bangladesh, and Niger often encourage young women to marry close to the age of 15 when menarche occurs, thus contributing to the high rate of births among teen mothers. In developed nations, where the rate of marriage has increased over the last 50 years in individuals in their mid-to late 20s, many still raise concerns about the high rate of teen births, even as these nations' understandings of acceptable familial structures continue to shift toward unmarried cohabitation and single parenting. This acceptance, however, does not seem to extend to women who are under the age of 20 when they deliver children, even as the United States, for example, sees approximately half of all births to unmarried women.

Globally, subcommunities within each nation that have higher rates of immigrants, minority racial or ethnic populations, poverty or low socioeconomic status, and little educational experience lead to higher rates of teen pregnancy. This confluence of rates has created a great deal of commentary for many decades. In welfare states, researchers attempt to determine the cost savings of delaying pregnancy until after the age of 20. Communities attempt to discern how raising the standard of living could reduce the cycle of teen pregnancies within communities, even though other studies suggest that daughters of teen mothers show a decrease in the cycle. Others argue that majority populations demonstrate a fear-fulness based upon discrimination when they decry teen pregnancy because of the high rate of racial and ethnic minority women who are teens and pregnant. Amid these arguments, it is known that raising the level of safety; access to safe and reliable contraceptives, sex education, and healthcare; and access to educational opportunities would certainly improve the standard of living for the community, even if they do not decrease the rate of teen births.

Additional discussions about teen pregnancy in the 21st century include increased length of adolescence (with some statistics using 10-19 as the age group designation), decreased age for puberty and menarche in girls across the world, and increased numbers of teens within the general population (with recent figures in the United States, for example, higher than during the post-World War II "baby boom"). In conjunction with increases in HIV infection and sexually transmitted infection (STI) rates, many advocate increased access to holistic sexual education and contraception, with some arguing that decreased rates of teen pregnancy in areas such as the Netherlands and France indicate a direct link between honest and thorough sexual education combined with contraception access and decreased teen pregnancy rates. Studies remain mixed on the latter argument, however, suggesting that cultural beliefs about sexuality, economic and educational levels, and young women's desire to be mothers play as big of a role as sex education and contraception.

See Also:

Adolescence, Marriage, Pregnancy, Sex Education, Cross-Culturally Compared, Single Mothers.

Further Readings

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