

# PREGNANCY AND CHILDBEARING

## Among U.S. Teens

In 2013, the teen birth rate in the United States fell to the lowest level ever recorded. While the drop in U.S. teen birth rates is good news, a significant number of American teens have unintended pregnancies each year, yielding negative outcomes for teenage parents, their children, and society in general. For example, teenage mothers are more likely to drop out of high school and live in poverty, and their children frequently experience health and developmental problems (Barnet et al., 2004; Breheny & Stephens, 2007; Federal Interagency Forum on Child and Family Statistics, 2011; Hofferth et al., 2001; Hoffman, 2006; Hoffman and Maynard, 2008). While millions of American families struggle individually with the emotional and economic challenges that unintended pregnancy can bring, teen pregnancy poses a significant financial burden to society at large — an estimated \$9.4 billion per year (NCPTUP, 2013).

Thirty-eight states currently have laws in effect, or scheduled to take effect, that mandate parental consent or notification prior to a minor's abortion. Most of these states, however, allow a minor mother to place her child for adoption without her parents' involvement. Legislators in these states have decided, in effect, that while young women may not be mature enough to decide for themselves whether to end a pregnancy, they are all mature enough to become mothers and to make medical and other life decisions for their children.

### **Despite Recent Declines in Teenage Pregnancy Rates, about 615,000 American Teen Girls Still Become Pregnant Every Year**

- Between 1990 and 2010, the national teen pregnancy rate fell 51 percent, from 116.9 to a record low of 57.4 pregnancies per 1,000 women aged 15–19, the lowest level in nearly 40 years (Kost and Henshaw, 2014). The teen pregnancy rate in the U.S. is still one of the highest among the most developed countries in the world (Guttmacher Institute, 2014a).

- We know that 86 percent of the decline through 2002 was a result of improved contraceptive use and the use of more effective contraceptive methods among sexually active teenagers, and 14 percent of this decline was attributable to increased abstinence (Santelli et al., 2007). Another study pointed out that another cause for the reduction of teen pregnancy was that adolescents were increasingly substituting other kinds of sexual activity for vaginal intercourse (Weiss & Bullough, 2004).

The teen pregnancy rate is currently at its lowest level in nearly 40 years, but it is still problematic.

- In 2010, nearly 615,000 women in the U.S. aged 15–19 became pregnant — about six percent of teen girls (Kost and Henshaw, 2014).
- Nearly 13 percent of sexually active American men between the ages of 15 and 19 report that they were involved in a pregnancy (Suellentrop & Flanigan, 2006).
- Approximately 82 percent of teenage pregnancies are unintended. In 2008, they accounted for nearly one-fifth of all accidental pregnancies in the U.S. (Finer & Zolna, 2014).
- Teen pregnancy rates vary widely by race and ethnicity. In 2010, the pregnancy rate for non-Hispanic white teens was 37.8 per 1,000 women 15–19 years of age. The pregnancy rate for Hispanic teens was 83.5. For African-American teens it was 99.5 (Kost and Henshaw, 2014).
- Among teenage pregnancies in 2010, 30 percent resulted in abortion (Kost and Henshaw, 2014).

### **Factors that Increase the Risk of Teen Pregnancy**

- Age of first sex is an important determinant of pregnancy risk. Forty-six percent of teenage girls and 22 percent of teenage boys who engage in their first sexual experience before the age of 15 have been involved in a pregnancy. For teens

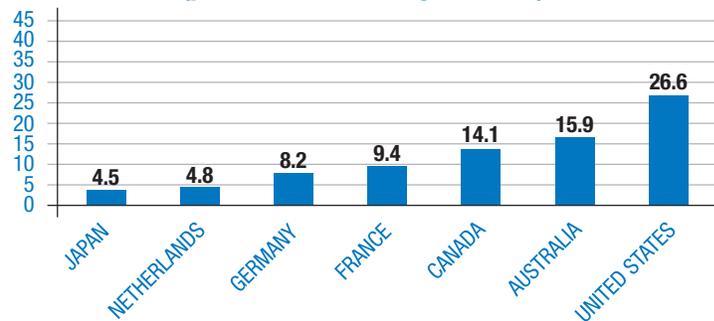
who engage in their first sex experience at age 15 or older, the risk declines to 25 percent and nine percent, respectively (Suellentrop & Flanigan, 2006).

- Teens who use contraception during their first sexual experience are less likely to experience a pregnancy. Twenty-seven percent of teen girls and 12 percent of teen boys who used contraception at first sex have been involved in a pregnancy. For teens who did not use contraception at first sex, 43 percent of girls and 18 percent of boys have been involved in a pregnancy (Suellentrop & Flanigan, 2006).
- Teenage girls with older partners are more likely to become pregnant than those with partners closer in age. Likewise, teenage boys with older partners are more likely to father a child. A study found that 6.7 percent of women aged 15–17 have partners six or more years older than they are. The pregnancy rate for this group is 3.7 times as high as the rate for those whose partner is no more than two years older (Darroch et al., 1999). A later study found that women who had sex before age 16 with a partner three or more years older were more likely to have a teenage birth than others (41–46 percent vs. 19–34 percent). Men who had sex before age 16 with an older partner were more than twice as likely to father a child during their teenage years compared with those who postponed sex until age 16–17 (Manlove et al., 2006).
- The greater the number of sex partners, the more likely teens are to be involved in a pregnancy. Thirty-seven percent of teen girls and 18 percent of teen boys with three or more partners have either experienced or have been involved in a pregnancy. When the number of partners drops to less than two, only 25 percent of teen girls and nine percent of teen boys have experienced or have been involved in a pregnancy (Suellentrop & Flanigan, 2006).

## The Rate of Teenage Childbearing in the U.S. Is the Highest Among the Most Developed Countries

- Despite the historically low current rate, the U.S. teenage birth rate is one of the highest among the most developed countries in the world: about twice as high as Australia's and Canada's, three times as high as France's, three times as high as Germany's, five and a half times times as high as the Netherlands', and six times as high as Japan's (Hamilton et al., 2014; United Nations, 2013).

**TEEN BIRTH RATES**  
(per 1,000 women aged 15-19)



- Reasons for the lower rates of teenage childbearing in these countries include
  - mandatory, medically accurate sexuality education programs that provide comprehensive information and encourage teens to make informed decisions;
  - access to contraception and other forms of reproductive health care, including abortion;
  - social acceptance of adolescent sexual expression as normal and healthy;
  - straightforward public health media campaigns; and
  - government support for the right of teens to accurate information and confidential services (Berne & Huberman, 1999).
- In 2013, seven percent of all U.S. births were to teens (Hamilton et al., 2014).
- Preliminary findings show that in 2013, 274,641 women aged 15–19 gave birth, a rate of 26.6 live

births per 1,000 women in this age group. This rate has fallen by 57 percent since 1991 and marks a record low for the U.S. (Hamilton et al., 2014).

- The preliminary birth rate in 2013 for young teens was 0.3 births per 1,000 women aged 10–14, the lowest level ever reported. This reduction in birth rate is extremely encouraging because young teens have a higher risk of pregnancy complications (Hamilton et al., 2014).
- The preliminary teenage birth rate in 2013 was 12.3 births per 1,000 women aged 15–17, and 47.4 births per 1,000 women aged 18–19 (Hamilton et al., 2014). More than 1 in 4 teens who gave birth were aged 15 to 17, before teens typically complete high school (CDC, 2014).
- In 2012, the birth rate for teens aged 15–19 was 46.3 per 1,000 for Hispanics, 43.9 per 1,000 for non-Hispanic African Americans, and 20.5 per 1,000 for non-Hispanic whites. The rates for all race and Hispanic-origin groups reached historic lows in 2012 (Martin et al., 2013).
- Eighty-nine percent of teens aged 15–19 who gave birth in 2013 were unmarried. In 2013, teens accounted for only 15 percent of all births outside of marriage — a decline from 50 percent in 1970 (Hamilton et al., 2014).
- In 2010, nearly 1 in 5 births (18 percent) to teens aged 15–19 was a repeat birth — the second or more birth before age 20. This is down 6.2 percent from 2007. Most (86 percent) repeat births were second births. The prevalence of repeat teen births in 2010 was 20.9 percent among Hispanics, 20.4 percent among non-Hispanic African Americans, and 14.8 percent among non-Hispanic whites (Gavin et al., 2013).
- A Guttmacher Institute analysis shows that this drop in teen birth rates “can be linked almost exclusively to improvements in teens’ contraceptive use.” While there was no significant change in sexual activity among women aged 15–19 years, teens use of hormonal contraceptives increased from 37.3 percent in 2006–2008 to 47.5 percent in 2008–2010. Use of more than one contraceptive method also increased from 16.1

percent to 23.2 percent, as did use of long-acting methods such as IUDs, growing from 1.4 percent to 4.4 percent (Guttmacher Institute, 2011).

## Teenage Childbearing and Parenting

- In general, teenage mothers do not fare as well as their peers who delay childbearing:
  - Their family incomes are lower.
  - They are more likely to be poor and receive public assistance.
  - They are less educated.
  - They are less likely to be married.
  - Their children lag in standards of early development. (Breheny & Stephens, 2007; Hoffman, 2006; NCPTUP, 2010)
- Only 63 percent of teenagers who give birth before the age of 18 and 74 percent of teenagers who give birth between the ages of 18 and 19 either graduate from high school or receive their GED, as compared to approximately 85 percent of women who delay childbirth until their early 20s (Hoffman, 2006; Levin-Epstein & Schwartz, 2005). Nearly one-third of teen girls who have dropped out of high school say that pregnancy or parenthood is a key reason, and rates are even higher for African Americans (38 percent) and Latinos (36 percent) (Shuger, 2012).
- By the age of 30, only five percent of young teen mothers and 10 percent of older teen mothers complete at least two years of college, and less than two percent of young teen mothers and three percent of older teen mothers obtain a college degree. Comparatively, 21 percent of women who delay childbirth complete at least two years of college, and nine percent graduate (Hoffman, 2006).
- Nearly 80 percent of teen mothers receive some form of public assistance, i.e., food stamps, housing assistance, Temporary Assistance for Needy Families (TANF), or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) vouchers (Acs & Koball, 2003). Teen mothers not only receive more financial assistance, but they also receive this assistance longer than do women who delay their childbirth

- (Hoffman, 2006; Levin-Epstein & Schwartz, 2005).
- In 2001, only 30 percent of teenage mothers received child support payments (Annie E. Casey Foundation, 2004).
  - Although not as severe as those for teen mothers, the effects of early childbearing are also negative for teen fathers. They are more likely to engage in delinquent behaviors such as alcohol and drug abuse or drug dealing, and they complete fewer years of schooling than their childless peers (Tan & Quinlivan, 2006). An earlier study found that the fathers of children born to teen mothers earned an estimated average of \$3,400 less per year than the fathers of children born to mothers who were 20 or 21, over the course of 18 years following the birth of their first child (Annie E. Casey Foundation, 1998).
  - The children of teenage parents face severe health, economic, and social consequences. Because pregnant teens are less likely to receive adequate prenatal care, they are 14 percent more likely to have a preterm birth; their babies are 17 percent more likely to be low birth weight, and they are more likely to have childhood health problems and to be hospitalized than those born to older mothers (Martin et al., 2013; NCPTUP, 2010).
  - In 2010, the infant mortality rate for children born to teen mothers was significantly higher than the national infant mortality rate — 8.84 deaths per 1,000 live births versus 6.14, respectively. The infant mortality rate was highest for teens younger than 15 years of age — 13.56 deaths per 1,000 live births. The rate for infants of mothers aged 15–17 was 8.94 (Mathews & MacDorman, 2013).
  - Infants born from a repeat teen birth are more likely to be preterm or low birth weight — in 2010, 17 percent of infants who were second teen births were born preterm compared to 12.6 percent for first births, and 11 percent of second teen births were low birth weight, compared to nine percent of first births. Repeat births might also negatively affect teen mothers' ability to attend school and obtain job experience (Gavin et al., 2013).
  - The offspring of teenage mothers are more likely to be abused or neglected than those of women who delay childbearing, and they are less likely to receive proper nutrition, health care, and cognitive and social stimulation (Annie E. Casey Foundation, 1998; Hoffman and Maynard, 2008). A child born to a teenage mother is less likely to visit a medical provider (NCPTUP, 2010).
  - Children born to teen mothers are more likely to live in poverty. Seventy-eight percent of children born to unmarried teen mothers who did not graduate from high school live in poverty. Comparatively, the poverty rate for children born to mothers who postponed childbirth, are currently married, and received a high school diploma is nine percent (Annie E. Casey Foundation, 2007).
  - Children born to teen mothers are also at greater risk of social behavioral problems and lower intellectual and academic achievement — one study found that children of teenage mothers are two and a half times as likely to be incarcerated during their adolescence or early 20s as are the children of older mothers (Hoffman and Maynard, 2008).
  - Children born to teen mothers are less likely to graduate from high school and more likely to become teenage parents themselves than those born to women who delay childbearing (Hoffman and Maynard, 2008).
  - Experts estimate that the annual costs of births to teens total about \$9.4 billion — or \$1,682 per child per year — in tax revenues, public assistance, child health care, foster care, and involvement with the criminal justice system (NCPTUP, 2013).
- ### Few Teenage Mothers Choose Placing Their Children for Adoption
- In 40 states and the District of Columbia, a mother who is a minor may legally place her child for adoption without her parents' involvement (Guttmacher Institute, 2014b).
  - More than 50 years ago, 95 percent of unmarried teen mothers placed their children for adoption (Resnick, 1992). Today, this number is much lower.

It is estimated that only two or three of every 100 teen pregnancies lead to births for which the mother makes an adoption plan (National Committee for Adoption, 1989; Physicians for Reproductive Health, 2009).

### Teenage Abortion Rates Are Declining

- Between 1986 and 2010, the percentage of teenage pregnancies ending in abortion decreased by a third. In 2010, 30 percent of pregnancies among 15- to 19-year-olds ended in abortion. (Kost and Henshaw, 2014).
- From 1988 to 2010, abortion rates declined 66 percent to 14.7 abortions per 1,000 women. This current rate is the lowest since abortion was legalized (Kost and Henshaw, 2014). The decline was a result of fewer teen pregnancies, and in recent years, fewer teens deciding to end their pregnancy, as well as increased difficulties in obtaining abortions (Finer & Zolna, 2014).
- Not all states report abortion to the U.S. Centers for Disease Control and Prevention (CDC), but in 2010, 15 percent of all abortions in the U.S. that were reported to the CDC were provided to women under age 20 — the total number of abortions in this age group was approximately 102,000 (CDC, 2013).
- Approximately 80 percent of teenage women younger than 17 and approximately 70 percent of teenage women aged 18–19 identified interference with school or career aspirations and financial problems as reasons for deciding to have an abortion (Finer et al., 2005).
- Access to confidential abortion services is essential to teenagers' health. Sixty-one percent of parents are involved in their daughters' abortion decisions. Those teens whose parents are not involved are frequently in unstable or abusive family situations (Henshaw & Kost, 1992). Thirty-eight states have laws on the books that require parental consent or notification prior to a minor's abortion. As of May 2014, 33 of these laws are either currently in effect or scheduled to take

effect in the near future (Guttmacher, 2014c). Laws that mandate parental involvement only victimize teens; they do not prevent them from obtaining abortion services. Instead, these laws, which contain judicial bypass provisions, increase the delays teens experience in receiving services, simultaneously increasing the physical and emotional health risks, as well as the costs.

### Declines in Teenage Pregnancy and Childbearing Are Responsible for Overall Improvement in Child Well-Being

- Had the teenage birth rate not declined by one-third between 1991 and 2002
  - teen mothers would have given birth to 1.2 million additional children;
  - the number of children living in poverty would have risen by 460,000; and
  - 700,000 additional children would be living in single-parent homes (NCPTUP, 2010).
- The decline in the teenage birth rate between 1991 and 2002 is responsible for approximately 26 percent of the decrease in the number of young children living in poverty, and 68 percent of the decrease in the number of young children living in single parent homes (NCPTUP, 2010).

## Cited References

- Acs, Gregory & Heather L. Koball. (2003, June 2). *TANF and the Status of Teen Mothers under Age 18*. [Online]. <http://www.urban.org/publications/310796.html>, accessed August 7, 2007
- Annie E. Casey Foundation. (1998). *Kids Count Special Report: When Teens Have Sex: Issues and Trends*. Baltimore, MD: Annie E. Casey Foundation.
- \_\_\_\_\_. (2004). *Kids Count 2004*. Baltimore, MD: Annie E. Casey Foundation.
- \_\_\_\_\_. (2007). *2007 Kids Count Data Book*. Baltimore, MD: Annie E. Casey Foundation.
- Barnet, Beth, et al. (2004). "Reduced School Dropout Rates Among Adolescent Mothers Receiving School-Based Prenatal Care." *Archives of Pediatric and Adolescent Medicine*, 158, 262–8.
- Berne, Linda & Barbara Huberman. (1999). *European Approaches to Adolescent Sexual Behavior and Responsibility*. Washington, DC: Advocates for Youth.
- Breheeny, Mary & Christine Stephens. (2007). "Individual Responsibility and Social Constraint: The Construction of Adolescent Motherhood in Social Scientific Research." *Culture, Health & Sexuality*, 9(4), 333–46.
- CDC — Centers for Disease Control and Prevention. (2013, November 29). "Abortion Surveillance — United States, 2010." *Morbidity and Mortality Weekly Report*, 62(SS-8). [Online]. [http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6208a1.htm?s\\_cid=ss6208a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6208a1.htm?s_cid=ss6208a1_w), accessed May 13, 2014.
- \_\_\_\_\_. (2014, April). *Vital Signs: Preventing Pregnancies in Younger Teens*. Atlanta, GA: CDC. [Online.] <http://www.cdc.gov/vitalsigns/young-teen-pregnancy/index.html>, accessed May 2, 2014.
- Darroch, Jacqueline E., et al. (1999). "Age Differences Between Sexual Partners in the United States." *Family Planning Perspectives*, 31(4), 160–7.
- Federal Interagency Forum on Child and Family Statistics. (2011). *America's Children: Key National Indicators of Well-Being, 2011*. [Online]. [http://www.childstats.gov/pdf/ac2011/ac\\_11.pdf](http://www.childstats.gov/pdf/ac2011/ac_11.pdf), accessed November 29, 2011.
- Finer, Lawrence B. & Mia R. Zolna. (2014). "Shifts in intended and unintended pregnancies in the United States, 2001-2008." *American Journal of Public Health*, 104(Supplement 1), S43-8.
- Finer, Lawrence B., et al. (2005). "Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives." *Perspectives on Sexual and Reproductive Health*, 37(3), 110–8.
- Gavin, Lorrie, et al. (2013, April 2). "Vital Signs: Repeat Births Among Teens — United States, 2007–2010." *Morbidity and Mortality Weekly Report*, v. 62. [Online]. <http://www.cdc.gov/mmwr/pdf/wk/mm62e0402.pdf>, accessed April 3, 2013.
- Guttmacher Institute. (2011). "New Government Data Finds Sharp Decline in Teen Births: Increased Contraceptive Use and Shifts to More Effective Contraceptive Methods Behind this Encouraging Trend." New York: Guttmacher Institute. [Online]. <http://www.guttmacher.org/media/inthenews/2011/12/01/index.html>, accessed December 7, 2011.
- \_\_\_\_\_. (2014a, May). *Facts on American Teens' Sexual and Reproductive Health*. New York: Guttmacher Institute. [Online]. <http://www.guttmacher.org/pubs/FB-ATSRH.html>, accessed May 12, 2014.
- \_\_\_\_\_. (2014b, May 1). *State Policies in Brief: Minors' Rights as Parents*. New York: Guttmacher Institute. [Online]. [http://www.guttmacher.org/statecenter/spibs/spib\\_MRP.pdf](http://www.guttmacher.org/statecenter/spibs/spib_MRP.pdf), accessed May 2, 2014.
- \_\_\_\_\_. (2014c, May 1). *State Policies in Brief: Parental Involvement in Minors' Abortions*. New York: Guttmacher Institute. [Online]. [http://www.guttmacher.org/statecenter/spibs/spib\\_PIMA.pdf](http://www.guttmacher.org/statecenter/spibs/spib_PIMA.pdf), accessed May 2, 2014.
- Hamilton, Brady E. (2014). "Births: Preliminary Data for 2013." *National Vital Statistics Reports*, 63(2). Hyattsville, MD: National Center for Health Statistics. [Online.] [http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_02.pdf).
- Henshaw, Stanley K. & Kathryn Kost. (1992). "Parental Involvement in Minors' Abortion Decisions." *Family Planning Perspectives*, 24(5), 196–207 & 213.
- Hofferth, Sandra L., et al. (2001). "The Effects of Early Childbearing On Schooling Over Time." *Family Planning Perspectives*, 33(6), 259–67.
- Hoffman, Saul D. (2006). *By The Numbers: The Public Costs of Teen Childbearing*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.
- Hoffman, Saul D., and Rebecca A. Maynard, eds. (2008). *Kids Having Kids: Economic Costs & Social Consequences of Teen Pregnancy*, 2nd edition. Washington, DC: The Urban Institute Press.
- Kost, Kathryn, and Stanley Henshaw. (2014). *U.S. Teenage Pregnancies, Births and Abortion, 2008: National Trends by Age, Race and Ethnicity*. New York: Guttmacher Institute. [Online]. <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, accessed May 12, 2014.
- Levin-Epstein, Jodie & Angie Schwartz. (2005, July-August). "Improving TANF for Teens." *Clearinghouse REVIEW Journal of poverty Law and Policy*, 183–94.
- Manlove, Jennifer, et al. (2006). "Young Teenagers and Older Sexual Partners: Correlates and Consequences for Males and Females." *Perspectives on Sexual and Reproductive Health*, 38(4), 197-207.
- Martin, Joyce A., et al. (2013, December 30). "Births: Final Data for 2012." *National Vital Statistics Reports*, 62(9). Hyattsville, MD: National Center for Health Statistics. [Online.] [http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62\\_09.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf), accessed May 2, 2014.
- Mathews, T.J. & Marian F. MacDorman. (2013, January 24, accessed 2013, March 20). "Infant Mortality Statistics from the 2009 Period Linked Birth/Infant Death Data Set." *National Vital Statistics Reports*, 61(68). Hyattsville, MD: National Center for Health Statistics. [Online]. [http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62\\_08.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_08.pdf), accessed May 13 2014.
- NCPTUP — National Campaign to Prevent Teen and Unplanned Pregnancy. (2010). *Fact Sheets: Why it Matters*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy. [Online]. [http://www.thenationalcampaign.org/why-it-matters/pdf/WIM\\_Full%20Set.pdf](http://www.thenationalcampaign.org/why-it-matters/pdf/WIM_Full%20Set.pdf), accessed March 20, 2013

\_\_\_\_\_. (2013). *Counting It Up: The Public Costs of Teen Childbearing: Key Data*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy. [Online]. <https://thenationalcampaign.org/resource/counting-it-key-data-2013>, accessed May 13, 2014.

\_\_\_\_\_. (2011b, accessed 2012, February 8). *Fact Sheet: How is the 3 in 10 statistic calculated?* [Online]. [http://www.thenationalcampaign.org/resources/pdf/FastFacts\\_3in10.pdf](http://www.thenationalcampaign.org/resources/pdf/FastFacts_3in10.pdf).

National Committee for Adoption. (1989). *Adoption Factbook: United States Data, Issues, Regulations and Resources*. Washington, DC: National Committee for Adoption.

Physicians for Reproductive Health. (2009). *Adolescent Reproductive Health Education Project Curriculum*. New York: Physicians for Reproductive Health.

Resnick, Michael D. (1992). "Adolescent Pregnancy Options." *Journal of School Health*, 62(7), 298–303.

Santelli, John S., et al. (2007). "Explaining Recent Declines in Adolescent Pregnancy in the United States: The Contribution of Abstinence and Improved Contraceptive Use." *American Journal of Public Health*, 97(1), 150–6.

Shuger, Lisa. (2012). *Teen Pregnancy and High School Dropout: What Communities are Doing to Address These Issues*. Washington, DC: The National

Campaign to Prevent Teen and Unplanned Pregnancy and America's Promise Alliance. [Online]. [www.thenationalcampaign.org/resources/pdf/teen-preg-hs-dropout.pdf](http://www.thenationalcampaign.org/resources/pdf/teen-preg-hs-dropout.pdf), accessed March 26, 2013.

Suellentrop, Katherine & Christine Flanigan. (2006). *Science Says: Pregnancy Among Sexually Experienced Teens, 2002*. [Online]. [http://www.thenationalcampaign.org/resources/pdf/SS/SS23\\_ExpTeens.pdf](http://www.thenationalcampaign.org/resources/pdf/SS/SS23_ExpTeens.pdf), accessed March 13, 2009.

Tan, Louisa H. & Julie A. Quinlivan. (2006). "Domestic Violence, Single Parenthood, and Fathers in the Setting of Teenage Pregnancy." *Journal of Adolescent Health*, 38, 201–7.

United Nations. (2013). *Demographic Yearbook 2012*. New York: United Nations. [Online]. <https://unstats.un.org/unsd/demographic/products/dyb/dyb2.htm>, accessed May 13, 2014.

Weiss, David & Vern L. Bullough. (2004). "Adolescent American Sex." *Journal of Psychology & Human Sexuality*, 16(2/3), 43–53.