

## **1: Conflicts and Controversy**

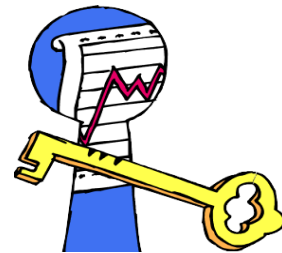
### ***C. The Impact of Social and Psychological Factors on Pregnancy***

#### **1. Social Factors**

a. Poverty/culture/families

b. Media impact

#### **2. Psychological Factors**



## I. Conflicts and Controversy (cont.)

### C. The Impact of Social and Psychological Factors on Pregnancy (cont.)

#### 1. *Social Factors*

##### *a. Poverty/culture/Families*

### ***The Impact of Social and Psychological Factors on Pregnancy***

Teenage pregnancy is both a personal issue and a societal issue; thus, a number of psychological and social factors have important effects on adolescent childbearing. From a psychological point of view, it is important to examine the factors which lead teens to engage in risky sexual behavior; substance abuse, exposure to violence, sexual victimization, and “nothing to lose” attitudes all make a teen more susceptible, while a good relationship with parents serves as a protective factor. From a sociological point of view, it is important to acknowledge the strong relationship between socioeconomic disadvantage (e. g , poverty, low educational attainment) and teen pregnancy; it is both a risk factor for and consequence of adolescent parenthood. It is also important to consider the role of a media which emphasizes the importance of sex with little mention of the risks associated with it. The following excerpts, taken from a variety of sources, examine teen pregnancy in the context of these important social and psychological factors.

I. Conflicts and Controversy (cont.)  
A. The Impact of Social and Psychological Factors on Pregnancy (cont.)  
1. Social Factors (cont.)  
a. Poverty/culture/families (cont.)



Sexual Behaviors and Health

Adolescent Pregnancy and Parenthood

[http://www.actforyouth.net/sexual\\_health/behaviors/pregnancy.cfm](http://www.actforyouth.net/sexual_health/behaviors/pregnancy.cfm)

Sexual Behaviors in Adolescence

Risk and Protective Factors Sexually Transmitted Diseases HIV/AIDS Pregnancy and Parenthood Contraception

Related Resources

Sexual development is central to adolescence. For more information, visit:

[What is Sexual Health?](#)

[Understanding Sexual Development](#)

[Romantic Relationships in Adolescence](#)

For statistics relating to adolescent sexual health, visit **Demographics: Sexual Health**. Communities can provide the supportive context youth need to avoid unplanned pregnancies or succeed as young parents. By providing **services, opportunities, and supports**, communities foster positive youth development. By ensuring access to youth- friendly health care, they promote well- being. And by promoting comprehensive sex education, they give youth the knowledge and skills they need to navigate relationships and take control of their sexual and reproductive lives. This is a tall order for any community -- especially those that are under-resourced and those where stigma against sex and sexuality runs high. However, the consistent decline in pregnancy rates suggests that this can be done.



How do environmental factors affect adolescent pregnancy? Sex is a normal part of the teen years: in the U.S., two out of three people have sex before the age of 19. But sex is a complicated part of life, connected not only to family, relationship, and individual issues, but also to myriad social and economic pressures and policies. Consider how these pressures can weave through young people's lives: **Social stigma against teen sexuality** has affected Caroline in significant ways. Caroline's mother is uncomfortable talking to her about sex, and is embarrassed to ask anyone how to have that conversation. Because they fear potential objections from parents, Caroline's high school prohibits condom demonstrations in sex education classes as a matter of **school policy**. Caroline and her boyfriend Max want to use protection, but they don't know how. When the condom breaks, Caroline's friends tell her about emergency contraception, but she lacks **access to public transportation** and is unable to get to a clinic or pharmacy in time. She doesn't want to go to a health center in any case because of **confidentiality concerns**: it's a small town, and the odds are she will see someone she knows there.

At 16, William is feeling the pressure of masculine **gender norms**: he is teased relentlessly for being a virgin. He would rather be working or doing something that will set him up for the future, but there are **no jobs** and **nothing interesting to do** where he lives. To pass the time, he and his friends just hang out and **get high** at the end of the school day. There's one girl who **seems** to like him, so he might as well get it over with. Among the guys, **peer norms** hold that condoms make sex less pleasurable; condom use is rare in his crowd, and no adults offer a different narrative to challenge that norm. In fact, no one seems to be paying attention at all.

**Homophobia, violence, and poverty** have all contributed to the toxic stress that accompanies 15-year-old Ti through life. Identifying as queer, Ti **sees no need for contraception**, and doesn't even consider going to the free clinic. But she has learned it's not safe to be gay, so she covers her tracks by having boyfriends. Ti's school and neighborhood have no resources to provide her with **opportunities to develop her talents and plan for the future**. She lives one day at a time and prides herself on being a survivor. Kicked out of her family's home, she uses sex to **meet basic needs** for food and shelter.

Prevention  
These stories suggest many points at which interventions -- from parent

Because the causes of adolescent pregnancy are so complex, researchers and funders recommend that comprehensive plans be developed and implemented at the [community level](#). Every sector has a role to play in supporting a community's youth. Three overarching strategies can make a significant difference through:

**Positive Youth Development**

Positive youth development has been linked to decreases in adolescent pregnancy and to better adolescent sexual health. This section describes positive youth development principles and practices.

**Evidence-Based Programming**

Comprehensive sexual health education allows youth to build the knowledge and skills -- such as refusing sex and using a condom correctly -- that they need to protect their health and promote their well-being. This section focuses on how to prepare for successful implementation of evidence-based programs in adolescent sexual health.

**Access to health care**

Youth-friendly, confidential sexual health care is fundamental to pregnancy prevention.

It's also important to note that poverty is central to many of the risk factors for youth. To support young people, it is critical to address the burden of poverty carried by under-resourced neighborhoods, and activate the strengths and resources within these communities.

**Support for Young Families**

Prevention, of course, is not the end of the story: thousands of teens become parents each year. It's safe to say that in most communities in the U.S., adolescents who are parents are rarely supported in their own development. Coping with the pernicious effects of stigma, they face obstacles in completing their education and building the connections and competencies that support self-sufficiency and a healthy adulthood. At the same time, they must work to ensure the well-being of their children: finding safe housing and childcare, getting to health care appointments, and securing income.

When connected to supportive opportunities, young people who parent can meet their own developmental challenges while raising their children.

**Supporting Young Parents: A Toolkit**

This toolkit of online resources is for professionals who are helping young families address their most pressing challenges and needs.

**Resources: Focus on Disparities**

Adolescent pregnancy and parenting rates have declined dramatically since 1991. However, some groups remain disproportionately affected by unintended pregnancy, HIV, and STDs. To achieve health equity, the social determinants negatively affecting these groups must be addressed. See below for information and resources.

**Youth of color**

[Advocates for Youth: Young Women of Color Initiative](#)

[Advocates for Youth: The Reproductive and Sexual Health of Young Men of Color \(PDF\)](#)

[Advocates for Youth: Youth of Color - At Disproportionate Risk National Campaign: Latino Community](#)

**Rural youth**

[National Campaign: Sex in the \(Non\) City: Teen Childbearing in Rural America](#)

**Lesbian, gay, and bisexual youth**

[ACT for Youth: Pregnancy Risk Among Bisexual, Lesbian, and Gay Youth](#)

[ACT for Youth: LGBTQ Inclusion in Youth Program Environments](#)  
[Advocates for Youth: Youth Resource](#)

**Youth in foster care**

[National Campaign: Child Welfare and Juvenile Justice](#)

**Homeless and runaway youth**

**Youth.gov: Physical and Reproductive Health**

**Additional resources**

**Office of Adolescent Health: Engaging Select Populations**

Cornell University Bronfenbrenner Center for Translational Research | Cornell University Cooperative Extension NYC | Center for School Safety | University of Rochester Medical Center

## I. Conflicts and Controversy (cont.)

### C. The Impact of Social and Psychological Factors on Pregnancy (cont.)

#### 1. Social Factors (cont.)

##### a. Poverty/culture/families (cont.)

###### Abstract

###### Why is the teen birth rate in the United States so high and why does it matter?

M.S. Kearney & P.B. Levine (2012). *Journal of Economic Perspectives*, 26, 141-166.

Teens in the United States are far more likely to give birth than in any other industrialized country in the world. U.S. teens are two and a half times as likely to give birth as compared to teens in Canada, around four times as likely as teens in Germany or Norway, and almost 10 times as likely as teens in Switzerland. Among more developed countries, Russia has the next highest teen birth rate after the United States, but an American teenage girl is still around 25 percent more likely to give birth than her counterpart in Russia. Moreover, these statistics incorporate the almost 40 percent fall in the teen birth rate that the United States has experienced over the past two decades. Differences across U.S. states are quite dramatic as well. A teenage girl in Mississippi is four times more likely to give birth than a teenage girl in New Hampshire--and 15 times more likely to give birth as a teen compared to a teenage girl in Switzerland. This paper has two overarching goals: understanding why the teen birth rate is so high in the United States and understanding why it matters. Thus, we begin by examining multiple sources of data to put current rates of teen childbearing into the perspective of cross-country comparisons and recent historical context. We examine teen birth rates alongside pregnancy, abortion, and "shotgun" marriage rates as well as the antecedent behaviors of sexual activity and contraceptive use. We seek insights as to why the rate of teen childbearing is so unusually high in the United States as a whole, and in some

U.S. states in particular. We argue that explanations that economists have tended to study are unable to account for any sizable share of the variation in teen childbearing rates across place. We describe some recent empirical work demonstrating that variation in income inequality across U.S. states and developed countries can explain a sizable share of the geographic variation in teen childbearing. To the extent that income inequality is associated with a lack of economic opportunity and heightened social marginalization for those at the bottom of the distribution, this empirical finding is potentially consistent with the ideas that other social scientists have been promoting for decades but which have been largely untested with large data sets and standard econometric methods. Our reading of the totality of evidence leads us to conclude that being on a low economic trajectory in life leads many teenage girls to have children while they are young and unmarried and that poor outcomes seen later in life (relative to teens who do not have children) are simply the continuation of the original low economic trajectory. That is, teen childbearing is explained by the low economic trajectory but is not an additional cause of later difficulties in life. Surprisingly, teen birth itself does not appear to have much direct economic consequence. Moreover, no silver bullet such as expanding access to contraception or abstinence education will solve this particular social problem. Our view is that teen childbearing is so high in the United States because of underlying social and economic problems. It reflects a decision among a set of girls to "drop-out" of the economic mainstream; they choose non-marital motherhood at a young age instead of investing in their own economic progress because they feel they have little chance of advancement. This thesis suggests that to address teen childbearing in America will require addressing some difficult social problems: in particular, the perceived and actual lack of economic opportunity among those at the bottom of the economic ladder.

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Social Determinants and Eliminating Disparities in Teen Pregnancy

<http://www.cdc.gov/teenpregnancy/prevent-teen-pregnancy/social-determinants-disparities-teen-pregnancy.htm>

Teen birth rates (live births per 1,000 15-19-year-old U.S. females) decreased 10% overall from 2012 (29.4) to 2013 (26.5).<sup>1</sup> Decreases occurred for all races and for Hispanics. Despite these declines, geographic, socioeconomic, and racial and ethnic disparities persist.

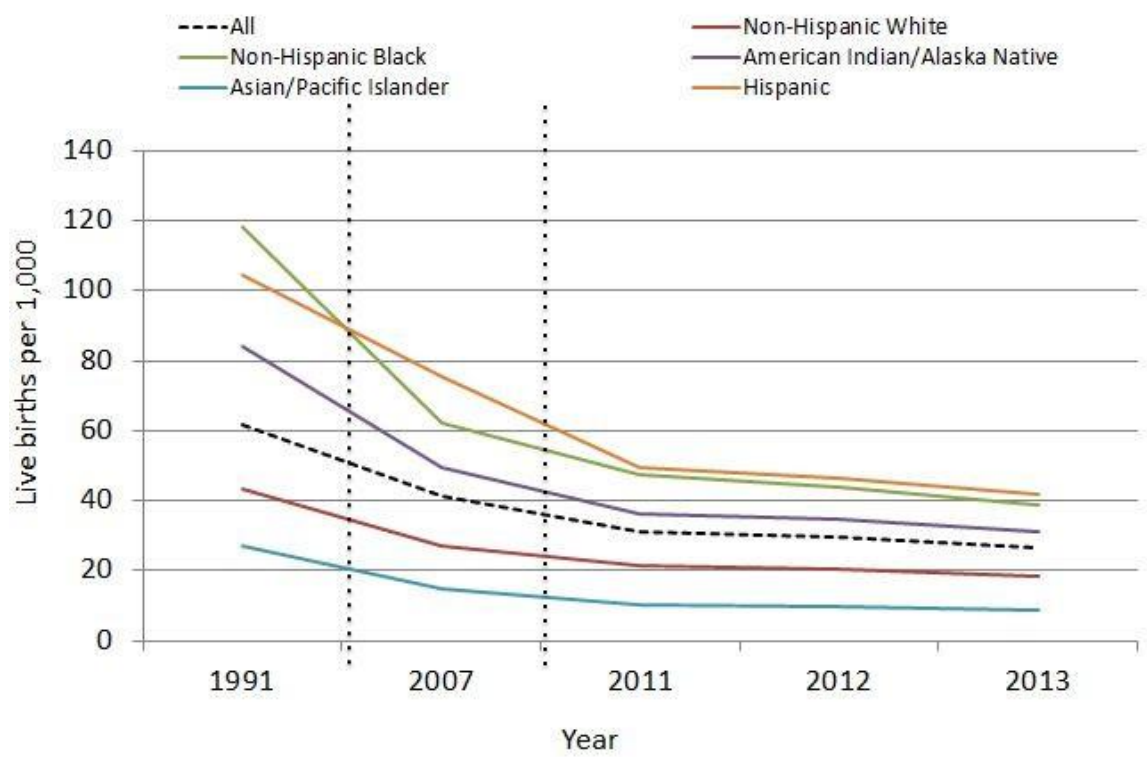


Disparities by Race and Ethnicity

From 2012–2013, teen birth rates decreased 9% for non-Hispanic whites, 11% for non-Hispanic blacks and American Indian/Alaska Natives (AI/AN), and 10% for Asian/Pacific Islanders and Hispanics.<sup>1</sup> However, in 2013, non-Hispanic black and Hispanic teen birth rates were still more than two times higher than the rate for non-Hispanic white teens, and American Indian/Alaska Native teen birth rates remained more than one and a half time higher than the white teen birth rate.



Birth Rates (Live Births) per 1,000 Females Aged 15–19 Years, by Race and Hispanic Ethnicity, Select Years



Social Determinants of Health

Social determinants are the circumstances in which people are born, grow up, live, play, learn, work and age. They are the elements of a society's organization and process that affect the overall distribution of disease and health. Examples include education, housing and the built environment, transportation, employment opportunities, the law, and the justice system. The health care and public health systems are also social determinants of health.

Understanding Disparities: Looking Beyond Race

In addition to building the evidence to support programs and clinical services to prevent teen pregnancy through individual behavior change, research is shedding light on the complexity of social determinants of teen pregnancy.

Geographic Disparities

- While teen birth rates declined in 45 states and Washington, DC between 2012 and 2013, geographic disparities persist with state-specific teen birth rates ranging from 12.1 in Massachusetts to 43.5 in Arkansas.<sup>1</sup> Southern and Southwestern states have persistently higher teen birth rates than northern and eastern states. <sup>2</sup>
- Teen birth rates are higher in rural counties than in urban centers and in suburban counties regardless of race/ethnicity. In 2010, the teen birth rate in rural counties was nearly one-third higher compared to the rest of the country (43 versus 33 births per 1,000 females aged 15-19 years). <sup>3</sup>
- Between 1990 and 2010, the birth rate among teens in rural counties declined 32%, which was slower than the decline in urban centers (49%) and in suburban counties (40%). <sup>3</sup>



## Socioeconomic Disparities

- Socioeconomic conditions in communities and families may contribute to high teen birth rates. Examples of these factors include—
  - Low education and low income levels of a teen's family. <sup>4</sup>
  - Few opportunities in a teen's community for positive youth involvement. <sup>4</sup>
  - Neighborhood segregation. <sup>4</sup>
  - Neighborhood physical disorder (graffiti, abandoned vehicles, litter, alcohol containers, cigarette butts, glass on the ground). <sup>4</sup>
  - Neighborhood-level income inequality. <sup>4</sup>
- Teens in child welfare systems are at increased risk of teen pregnancy and birth than other groups. For example, young women living in foster care are more than twice as likely to become pregnant compared to those not in foster care. <sup>5</sup>

## Data Sources:

- Martin, JA, Hamilton BE, Osterman MJ, Curtin SC, Mathews TJ. Births: Final data for 2013. *Natl Vital Stat Rep.* 2015;64(1).
- Ventura SJ, Hamilton BE, Mathews TJ. National and state patterns of teen births in the United States, 1940–2013. *Natl Vital Stat Rep.* 2014;63(4).
- The National Campaign to Prevent Teen and Unplanned Pregnancy. Teen childbearing in rural America. *Science Says.* 2013;47.
- Penman-Aguilar A, Carter M, Snead MC, Kourtis AP. Socioeconomic disadvantage as a social determinant of teen childbearing in the U.S. *Public Health Rep.* 2013;128(suppl 1):5-22.
- Boonstra HD. Teen pregnancy among women in foster care: a primer. *Guttmacher Policy Review.* 2011;14(2).

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## I. Conflicts and Controversy (cont.)

### C. The Impact of Social and Psychological Factors on Pregnancy

#### 1. Social Factors

##### *b. Media Impact*

From the American Academy of Pediatrics

Policy  
Statement

#### *Sexuality, Contraception, and the Media*

The Council on Communications and Media

In *Pediatrics*. September 2010, VOLUME 126 / ISSUE

3 <http://pediatrics.aappublications.org/content/126/3/576>

#### Abstract

From a health viewpoint, early sexual activity among US adolescents is a potential problem because of the risk of pregnancy and sexually transmitted infections. New evidence points to the media adolescents use frequently (television, music, movies, magazines, and the Internet) as important factors in the initiation of sexual intercourse. There is a major disconnect between what mainstream media portray—casual sex and sexuality with no consequences—and what children and teenagers need—straightforward information about human sexuality and the need for contraception when having sex. Television, film, music, and the Internet are all becoming increasingly sexually explicit, yet information on abstinence, sexual responsibility, and birth control remains rare. It is unwise to promote “abstinence-only” sex education when it has been shown to be ineffective and when the media have become such an important source of information about “nonabstinence.” Recommendations are presented to help pediatricians address this important issue.

## I. Conflicts and Controversy

### C. The Impact of Social and Psychological Factors on Pregnancy (cont.)

#### 2. Psychological Factors

##### ***Sexual Health Risks Among Adolescent Girls Hospitalized for Acute Mental Health Problems.***

C. McIsaac & L. Horricks (2016). *Journal of Adolescent Health*, 58, S61–S62. [http://www.jahonline.org/article/S1054-139X\(15\)00530-3/abstract?rss=yes](http://www.jahonline.org/article/S1054-139X(15)00530-3/abstract?rss=yes)

##### Abstract

Adolescent girls with mental health disorders are at increased risk of negative sexual experiences, including exposure to sexually transmitted infections and unintended pregnancies (Brown et al., 2010). When admitted to an inpatient unit for deteriorating mental health, an opportunity exists to systematically ask about girls' exposure to sexual health risks. Yet comprehensive assessments of sexual experiences are generally not being done during an inpatient mental health stay, in large part because there is a paucity of literature to substantiate risky sex as a problem for this population, let alone guidelines for clinicians around how to approach this topic.

##### ***Relationship Between Depressive Symptoms and Birth Control Sabotage in Adolescent Females Initiating Contraception***

J.K.R. Francis, K. Malbon, D. Braun-Courville, L.O. Linares, & S.L. Rosenthal (2015). *Journal of Adolescent Health*, 56, S97–S698  
[http://www.jahonline.org/article/S1054-139X\(14\)00621-1/abstract](http://www.jahonline.org/article/S1054-139X(14)00621-1/abstract)

“Birth control sabotage,” or reproductive coercion by a partner who specifically interferes with contraceptive pursuits, has been associated with increased risk of unintended pregnancy and partner violence. [1] However, less remains known about psychosocial factors that might influence relationship dynamics and perhaps predispose an adolescent female to episodes of a partner attempting to sabotage one's birth control. We hypothesize that female adolescents with depressive symptoms likely have impaired motivations and lower self-efficacy within a relationship and therefore more likely to disclose a partner who has attempted “birth control sabotage” in the past.

