

# Teen Births Are Falling: What's Going On?

Melissa S. Kearney (University of Maryland, The Brookings Institution and NBER)

Phillip B. Levine (Wellesley College and NBER)

## Summary

The United States has experienced a remarkable 52 percent decline in teen childbearing since 1991. Understanding the causes of this decline are important for developing subsequent policies to continue this trend. This decline can be distinguished by two periods. Teen births fell at a rate of 2.5 percent per year between 1991 and 2008; that rate tripled to 7.5 percent per year between 2008 and 2012. We investigate these two periods separately. In the earlier period, based on a review of previous research in combination with our own statistical analysis, we find that expanded access to family planning services and reduced welfare benefits are the only two state-specific public policies that can plausibly explain any of the decline, albeit not that much of it. We also show that the decline in the United States is comparable to that experienced in other developed countries, further indicating that American public policy was not a major factor behind the decline. It seems that broader trends that transcend national borders have been the primary driving factors. We speculate that improved contraceptive technology and expanded access to it, along with expanded educational opportunities for young women are two global trends that have played a key role in slowly driving down rates of teen childbearing across developed countries. We attribute the decline in the more recent period in the U.S. to a continuation of those broadly experienced ongoing trends plus an acceleration due largely to the effects of the high unemployment rate and to the impact of media influences, particularly MTV's reality TV show, *16 and Pregnant*.

To think about what policies would be effective going forward, we make an important distinction between addressing teen births among teens who actively seek to avoid them and those young women who are largely ambivalent about becoming teen mothers. Rates of birth among the first group will decline with innovations that continue to expand the use of highly efficacious forms of contraception. Reducing teen births rates among the second group will require convincing them that they have reason to avoid becoming teen mothers. We argue that limited opportunities for disadvantaged young women to move up the economic ladder play an important role in the high rates of teen childbearing in the U.S. If we are to increase the rate of decline in teen births, we need to provide young women with the ability to succeed in other dimensions of their life so that they want to avoid giving birth at a young age. In our view, human capital investments in early childhood education, college access, and other such interventions are every bit as important as more targeted, teen pregnancy reduction efforts.

# I. Introduction

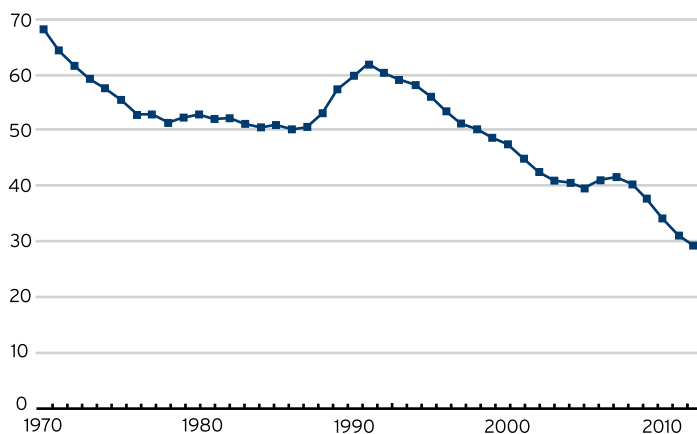
The teen birth rate in the United States has declined dramatically over the past 20 years, falling from 61.8 births per 1,000 women between the ages of 15 and 19 in 1991 to 29.4 in 2012 (see Figure 1). This is a remarkable decline, putting current rates of teen childbearing at historic lows. The decline over this period has occurred in two distinct waves. Between 1991 and 2008, the teen birth rate fell largely continuously from 61.8 to 40.2, representing an annual average rate of decline of 2.5 percent per year. Teen birth rates fell far more rapidly in the next four years, dropping from 40.2 to 29.4, representing an annual average rate of 7.5 percent per year. Annual percentage changes are displayed in Figure 2.

Demographic trends make these reductions over the entire period all the more surprising. Hispanic teenagers - who have higher rates of teen childbearing - were an increasing share of the teen population over this time period, which otherwise would have increased overall teen birth rates. In this policy brief we review the factors behind these trends, distinguishing each of the two separate periods, and discuss their implications for policy.

Despite the stunning decline, teen childbearing remains a pressing policy challenge in the United States. The dramatic decline in teen childbearing in the U.S. over the past 20 years is a great accomplishment, but the U.S. rate of teen childbearing—29.4 births for every 1,000

Figure 1.  
Teen Births Are Falling

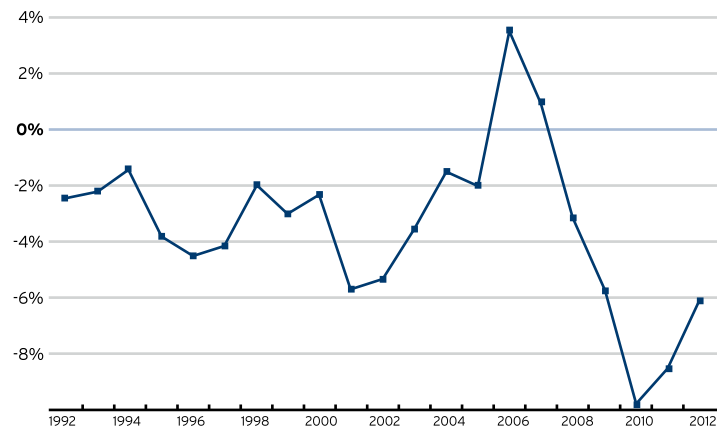
Trend in Teen Birth Rates (births per 1,000 women age 15-19) in the United States



Source: National Center for Health Statistics (2013)

Figure 2.  
Rates of Decline Jumped Recently

Annual Percentage Change in Teen Birth Rates Since 1991



Source: Authors' calculations derived from National Centers for Health Statistics (2013)

girls between the ages of 15 and 19—is still considerably higher than that in any other developed country, where typical rates are generally 5 to 10 births per 1,000 girls in this age group. When it comes to teen childbearing, the U.S. remains an international outlier. Kearney and Levine (2012) explore the reasons behind geographic differences; the purpose of this policy brief is to explore reasons for the dramatic decline in the U.S. teen birth rate.

Teen motherhood is also generally recognized to be an important social problem. In previous work (Kearney and Levine, 2012; and Levine, forthcoming), we have argued

that teen motherhood is more appropriately considered a marker of a social problem rather than a direct cause. We maintain that view. However, children born to teen mothers tend to be immediately at an economic and social disadvantage in life. So while it is true that “solving” the issue of teen motherhood may not have large effects on poverty rates or other social problems, it is also likely to be true that children are off to a better start in life if they are born to older, married, more educated mothers. Alternatively, if we are able to address the underlying problems that teen moms face that lead to the pregnancy, we can not only help the child, but

perhaps also the mother herself.

For these reasons, we must work to understand the factors driving the recent decline in teen births and take dedicated measures to ensure that the downward trend continues. We approach this issue very much as economists, using standard economic reasoning and methodological approaches. Based on this perspective, we view teen childbearing to be the result of a series of decisions and behaviors, and not always simply something that “happens” to teens.

To some extent, it is appropriate to consider teen childbearing to be the result of “non-decisions;” some teens are sufficiently ambivalent about becoming

pregnant that they do not commit themselves to taking precautions against such an outcome. To illustrate this point, half of teens who report having an unintended pregnancy were not using contraception at the time of conception (Centers for Disease Control and Prevention, 2012). This way of thinking about the issue allows for individual error and randomness in the process, but ultimately considers that individuals – even teens – respond to the environment around them and make choices that either increase or decrease the likelihood of becoming a teen parent. Indeed, the data suggest as much, with teen childbearing rates rising and falling with environmental factors in systematic ways. The remainder of this policy brief expands on this idea.

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## II. Explaining the Long-Term Decline: 1991–2008

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Policy observers have offered many competing explanations for the decline in U.S. teen birth rates. Various observers and advocates often point to the presumed success of their favored program or policy, such as sex education programs, abstinence-only education programs, or improved access to contraception. Our research indicates, however, that the bulk of the long-term decline largely is not explained by the targeted state-level policies that have been implemented over this period, but rather broad-based, universal trends.

Many advocates and observers mistakenly focus on the mechanism of the reduction in teen birth rates, not the underlying cause. Lower teen birth rates are the result of less sex and more contraceptive use among teens, and not increased use of abortion (see Kearney and Levine, 2013). But it would be a mistake to conclude from the greater contraceptive use, for example, that greater access to contraception necessarily contributed to the decline. There are many potential reasons why teens changed their behavior and greater access to contraception is only one of them. No matter what the cause of the change in teen behavior – greater contraceptive access, a weak labor market, or some other environmental factor – the effect would *necessarily* flow through reduced sexual activity, increased contraceptive use, or both. We learn very little about what actually caused teenagers to change their behaviors, and ultimately their rate of childbearing, simply by observing the mechanism.

### *A. An Empirical Investigation*

Numerous existing studies investigate the effect of targeted state level policies on teen birth rates. Past research has verified that both income-based Medicaid family planning expansions and welfare benefit levels have a discernible effect on teen birth rates.

Medicaid has traditionally provided comprehensive access to family planning services to its clients, but participation was largely restricted to mothers below a very low income threshold. Over the past two decades or so states have requested waivers from the federal government to provide family planning coverage to a broader group of women. In earlier work, we have found that these expansions have led to a reduction in births to newly eligible women, including a four percent reduction in teen childbearing (Kearney and Levine, 2009a).

Economists have long suspected a relationship between the generosity of welfare benefits and the rates at which non-married young women, including teenagers, would opt to become single parents. Moffitt (1998, 2003) reviews the evidence on the link between welfare benefits and non-marital childbearing, including teen childbearing. His summary view is that the general consensus is that more generous welfare benefits likely have a modest positive effect on rates of non-marital childbearing.

Several other policies have not been found to have much of an impact. Abstinence only programs have been found to be ineffective in a randomized controlled trial (Trenholm, et al., 2008). Rigorous studies of sex education programs generally tend not to find effects on birth rates, although such studies often document

success in altering other outcomes like contraceptive knowledge and initiation of first sexual activity (cf. Kirby, 2007). Existing studies suggest that the introduction of and expanded access to emergency contraception has generally not led to discernible changes in birth outcomes (Raymond et al. 2006). Past research has also not found an effect of changes in abortion policy (Levine, 2004), or welfare reform (Kearney, 2004; Grogger and Karoly, 2005).

In a recent study we have investigated the role of a large list of these types of policies – listed in Table 1 – in driving teen childbearing rates from 1981 to the present. That econometric analysis exploits the geographic variation in the timing of policy implementation and movements in economic conditions across states to identify the effect of different state policies and economic conditions on teen birth rates (Kearney and Levine, 2013). We use the results obtained from this analysis to calculate how much of the observed decline in teen birth rates

Table 1.  
Policies Considered in Kearney and Levine (2013)

| State Sex Ed Programs  | State Medicaid Waivers to Extend Contraceptive Coverage                               | Provisions of the Welfare System   | State-Level Abortion Restrictions | Miscellaneous Programs   | Economic Conditions  |
|--|---|--|-----------------------------------|--|--|
| Accepting federal funds for abstinence education.                        | Extended coverage to post-partum women.   | AFDC/TANF monthly benefit for a family of three with no other income                         | Parental Consent Laws             | Children's Health Insurance (funds coverage of contraception for some low income households) | State Unemployment Rate  |
| Requiring sex education programs.  | Extended coverage to women up to (typically) 185 percent of the federal poverty line. | State welfare waiver and TANF implementation   | Medicaid Funding Restrictions     | Child Support Enforcement  | State Income Inequality (measured using the 50/10 ratio of total household income) |
| Requiring contraception education be included in sex education programs. |   | State-level family cap (restricted benefit increase if baby born while on welfare)           | Waiting Periods                   |  |  |
|  |   | Minor parent provisions (benefit cuts for failing to enroll in school or live with parents). |                                   |  |  |

between 1991 and 2008 is attributable to variation in the implementation of these policies across states.

Consistent with past research, the results of that analysis find that these targeted state-level policies played only a modest role in the decline in teen birth rates. We found that declining welfare benefit levels and expanded access to family planning services for lower income women through the Medicaid program were the only two policies to have had a discernible effect. However, their effect is limited: we calculate that these two policies together account for only 12 percent of the reduction in teen childbearing between 1991 and 2008. Our analysis yields no evidence suggesting that other policies had a significant role in the decline.

Our analysis also finds that teen childbearing rates increase with improved labor market conditions. This finding is consistent with past research (Levine, 2001, Lopoo, McLanahan, and Garfinkel, 2003). The fact that teens tend to reduce their rate of births when the economy is weak indicates that at least some teens make life decisions based on the economic conditions of the day. If they do not have the means to support a child – or their boyfriend or parents have less income to help support them – having a baby becomes a less attractive proposition.

Despite the responsiveness of teen births to economic conditions, only a small share of the decline between 1991 and 2008 can be attributed to the economy. The unemployment rate fluctuated over this period, but

started and ended at similar levels, indicating labor market conditions were not a primary driver of teen birth rate changes over this period.

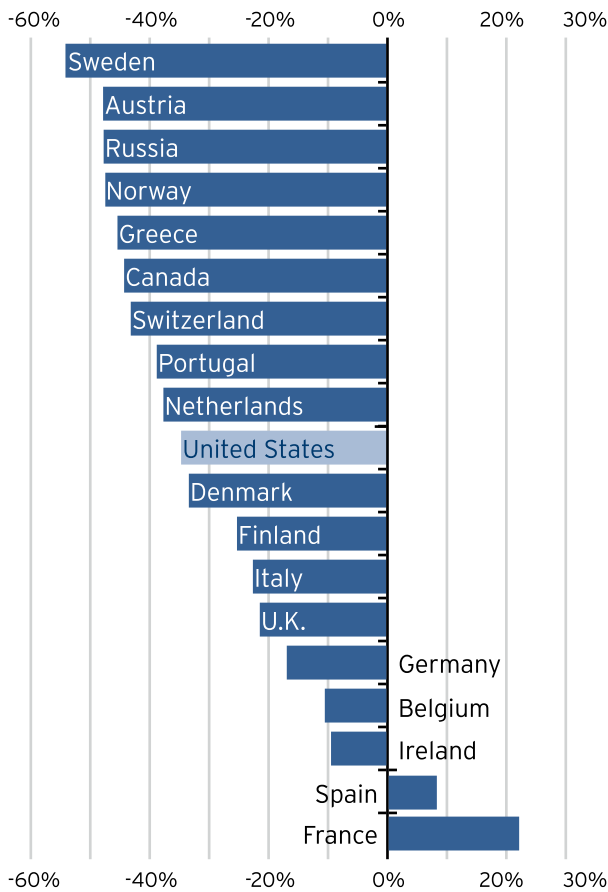
In summary, few of the state-level policies played much of a role in the aggregate decline in teen childbearing that occurred between 1991 and 2008. This is not to say that targeted programs and policies were never effective in reducing teen birth rates; in some communities and circumstances, sexual education programs, for example, might have been very effective. Nor does it imply that state level policies could not be effective going forward. What the evidence indicates is that the particular types of policies that states implemented over the past two decades were not the driving forces behind the large decline. We suspect that broader social changes are more viable candidate explanations.

### B. International Patterns

Indeed, other developed countries experienced downward trends in teen births between 1991 and 2008 that are comparable to those in the U.S., supporting the notion that universal factors are responsible for much of the decline. Figure 3 reports these trends. This comparison shows clearly that the substantial decline in teen birth rates over this period in the U.S. was *not* unique to this country; the United States was in the middle of the pack. Several countries, including Sweden, Austria, the Russian Federation, and Norway, experienced declines well over 40 percent (and over 50 percent in Sweden). The combination of this evidence along with our econometric evidence summarized above suggests to us that the primary drivers of the recent decline are likely conditions or policies that have been broadly experienced across the United States as well as in other economically developed countries.

Figure 3.  
Earlier Declines in the United States Are Similar to Other Developed Countries

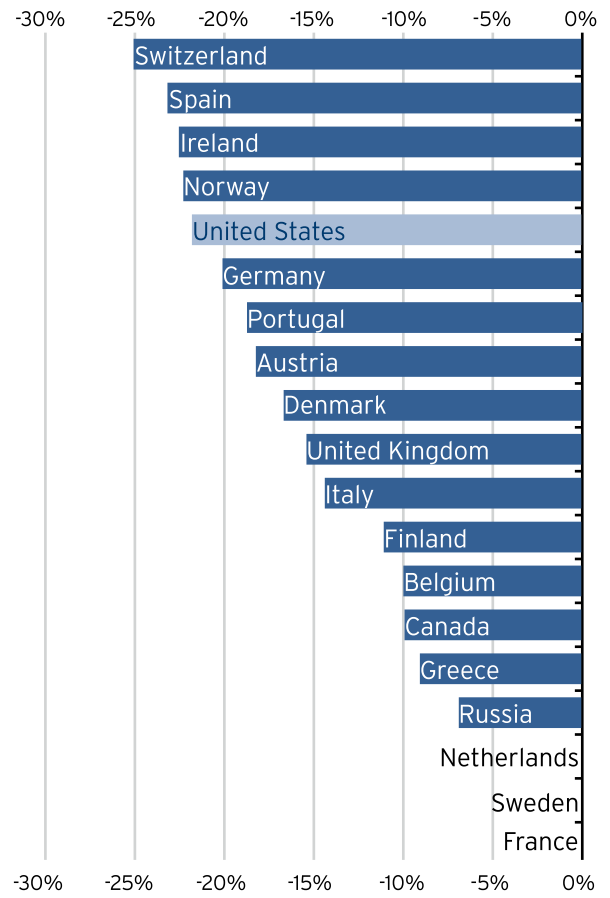
Change in Teen Birth Rates in Selected Developed Countries, 1991-2008



Source: UNECE Statistical Database

Figure 4.  
Recent Declines in United States are High Relative to Other Developed Countries

Change in Teen Birth Rates in Selected Developed Countries, 2008-2011



Source: UNECE Statistical Database

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### III. Explaining the Recent Decline: 2008–2012

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As we described earlier, the fall in teen birth rates in the United States in the past few years has been staggering, averaging a 7.5 percent rate of change annually. Compared to other developed countries, this rate of decline is among the highest (see Figure 4). Teen birth rates fell 21.8 percent in the United States between 2008 and 2011 (data from 2012 are not yet available in several countries) compared to an average decline across these other countries of 13.5 percent. This suggests that perhaps some additional uniquely-American factors were at play in the U.S. in the more recent period.

#### A. The Great Recession

In the United States, the annual unemployment rate climbed from a rate of 4.6 percent in 2007 to peak at a rate of 9.6 percent in 2010 (the annual unemployment rate that matters for births occurring in a particular year is better captured by the unemployment rate in the preceding year). Unemployment rates spiked in other developed nations as well, but by a smaller amount. For instance, in the 18 non-US countries listed in Figure 2, the (weighted) average unemployment rate rose from 6.7 percent to 8.8 percent.

Indeed, as noted above, we observe a strong cyclical relationship in the United States between labor market conditions and teen births. We found that a one percentage point increase in the unemployment leads to around a 2 percent reduction in teen birth rates (Kearney and Levine, 2014a). Applying this estimate to the 5 percent increase in the unemployment rate between 2007 and 2010 implies that the recession would have led to a 10 percentage point reduction in teen childbearing. This is about half of the overall decline.

The data from other countries reveals that those with the greatest increase in unemployment rate also tended to have larger declines in teen births. For example, Ireland and Spain have among the highest increases in unemployment rates and among the largest declines in teen birth rates between 2008 and 2011, as shown in Figure 3. However, our simple calculations based on these comparisons suggest that the responsiveness of teen births to unemployment rates is smaller in other countries, as compared to the U.S. The combination of a greater increase in unemployment and a greater sensitivity in teen births to increases in unemployment in the U.S. could help explain part of the larger decline in teen birth rates in the U.S. over this period.

#### B. Media Influences

Recent research we have completed finds that a particular MTV show that aired during recent years played a sizable role in driving down rates of teen childbearing (Kearney and Levine, 2014a). In June 2009, MTV aired the first episode of *16 and Pregnant*, described by the network as an “hour-long documentary series focusing on the controversial subject of teen pregnancy. Each episode follows a 5-7 month period in the life of a teenager as she navigates the bumpy terrain of adolescence, growing pains, rebellion, and coming of age; all while dealing with being pregnant.” The show has been tremendously popular among young women. Along with spin-off series under the *Teen Mom* moniker, it has aired regularly since it began. The more popular episodes receive several million viewers and receive ratings among 12 to 34 year old women that are as high as the most popular shows on TV for the broader population.

In a press release about the announcement of a 9 percent decline in teen births in 2010, Sarah Brown, the Chief Executive Officer of the National Campaign to Prevent Teen and Unwanted Pregnancy, stated the following: “Teens are being more careful for a number of reasons, including the recession, and more media attention to this issue – including the ‘*16 and Pregnant/Teen Mom* effect’” (Albert, 2011). But not all observers subscribe to that view. Critics of the show contend that shining a spotlight on 16 year old mothers glamorizes teen pregnancy.

We untangle the causal impact of the show on teen birth rates by taking advantage of geographic variation in MTV viewership across television markets that existed before the introduction of the show (see Kearney and Levine, 2014a). We use the universe of U.S. birth records to estimate conception rates for women between 15 and 19 in the years 2006 through 2010. We link these data to Nielsen ratings data for MTV programming in the period before the show aired, and then for the show and its spinoffs. We ask whether post-June 2009, birth rates declined by more in locations where more youth were watching MTV, controlling for other differences across locations and for pre-existing differences in teen birth rates across locations. If it did, this would provide evidence that the airing of the content of *16 and Pregnant* had an impact on teen birth rates.

We find that, indeed, the introduction of *16 and Pregnant* did have a causal impact on teen births. Those locations where MTV had larger audiences before the show was

introduced experienced greater drops in teen childbearing, perfectly timed to the introduction of the show. We also see those declines occurring among the age groups of women who watch the show, mainly between age 15 and 24, with no differential changes in birth rates across areas for women over age 24. The magnitude of the *16 and Pregnant* effect is substantial. Our estimates indicate that the introduction of this series led to a 5.7 percent decline in the teen birth rate. This effect can explain a third of the decline in teen births in the 18 months after the show was introduced.

MTV's *16 and Pregnant* was introduced in other countries as well. There are a number of reasons to suspect, however, that its impact abroad has not been as large as in the United States. For example, episodes mainly remained American, not localized, and cable penetration rates are often lower. Although we have not conducted a definitive analysis on the comparative declines, we believe it is plausible that the greater severity of the recession in the

U.S. along with the greater impact of *16 and Pregnant* in the U.S. contributed to the greater reduction in teen birth rates in this most recent period.

### C. Ongoing Trends

Our estimates suggest that the recession can account for a 10 percent decline in teen births and *16 and Pregnant* can account for a 5.7 percent decline, but teen births fell by 27 percent. What explains the rest? A handful of additional states passed income-based Medicaid family planning waivers and welfare benefits have continued to decline slowly, but as described above, the impacts of these policies combine to account for only a small fraction of overall trends. Interestingly, the unexplained gap is close to what one would expect if teen births continued their 2.5 percent decline that they have been experiencing since 1991. In other words, whatever longstanding, ongoing trends have been occurring that had been contributing to declining teen births appear to continue to be doing so.

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## IV. Where Do We Go From Here?

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The strength of these ongoing trends provides some reason for optimism regarding teen birth rates going forward. Despite the good news of rapid declines in teen births over the last few years, we have identified two factors that appear to have contributed to perhaps the entire excess decline - weakness in the labor market and the influence of a reality TV show about teen pregnancy. It is unlikely, however, that these factors will continue for much longer. Eventually (hopefully!) the labor market will become strong. At some point, ratings will slide and *16 and Pregnant* will go off the air, and it is not clear the show will have led to a lasting change in the way subsequent generations of teens will view teen childbearing. Any continuation of the decline would need to rely on other factors. The question then becomes what is behind those ongoing trends and what can we do to extend them?

### A. What Explains the Universal, Secular Decline?

Since the downward trend in teen childbearing rates was experienced in the United States and in other developed countries, this suggests that candidate explanations need to be universal in nature. We speculate that there are two likely candidate explanations: (1) access to improved contraceptive technologies, most notably long-acting

reversible contraception (LARCs) such as implants and intrauterine devices (IUDs) and (2) increased educational attainment along with better labor market prospects for young women.

Some teen pregnancy prevention advocates are particularly focused on LARCs. They are recognized to be the most effective reversible methods of contraception because they are "low-maintenance" and they do not depend on patient compliance. Greater adoption of LARCs among teens would certainly have an impact on teen birth rates.

Yet teens' use of these methods has been somewhat limited to date. Martinez, et al. (2011) reports that 14 percent of teens in the 2006-2010 period who used contraception at last intercourse chose LARCs, compared to 61 percent who chose condoms and 36 percent who chose the pill (these statistics sum to more than 100 percent because some teens use condoms along with other methods). IUD use is very low; only 2 percent of sexually active teens currently use it (Jones, et al., 2012). Despite the relatively low rates of current use of these newer methods, this still represents a sizeable increase. These methods were unavailable in 1988.

Overall, we suspect that the introduction of LARCs has

had an important, albeit perhaps not a large, effect on reducing teen childbearing. As the number of sexually active teens using LARCs continues to rise, we should expect to see a continued decline in the number of teen births.

Innovations such as LARCs will more likely have an effect on the subset of young women who actively want to avoid a pregnancy and are inclined to use some form of contraception when sexually active. They are effective largely because of reduced method failure and user non-compliance. Convincing nonusers to take up a method, though, is a considerably more difficult hurdle to overcome. To affect the behaviors and outcomes of this set of young women, we need to influence their aspirations and outlook on life.

Improvements in educational opportunities for women have been widespread and give young women a reason to want to delay childbearing. Rates of educational attainment among young women have increased steadily over recent decades in the United States and other developed countries. Among 25 to 29 year olds, the percent of women who attained some college or more increased from 45.3 percent in 1990 to 67.7 percent in 2012 (Child Trends, 2013). The percent who had obtained a bachelor's degree or more increased from 22.8 percent in 1990 to 37.2 percent in 2012. Similarly, the percentage of 25 to 34 year old women with college degrees across all OECD countries in 2010 is seven percentage points higher than it is among women 35 to 44 year old women in those countries (OECD, 2012). In our view, as college increasingly becomes a reasonable goal and expectation for young women, more of them will choose to delay childbearing past their teenage years.

Taken as a whole, we believe that access to improved contraceptive technology along with expanded educational opportunities for women are two trends that likely played an important role in lowering teen birth rates, both in the United States and other developed countries. Proving those relationships is a difficult proposition, but in the end, these strike us as plausible and compelling explanations.

### *B. How Do We Reduce Teen Births Going Forward?*

If ongoing trends continue, then we can hope to see a continued decline in rates of teen childbearing. If access to effective contraception including LARCs continues to expand, teen birth rates will continue to fall, as those seeking to avoid a pregnancy will have better tools to do so. Similarly, if young women continue to do better in education and the labor market, this will likely inspire additional teens to delay childbearing. We support

and encourage both of these avenues of progress. We also offer suggestions for potentially augmenting the progress.

Our earlier discussion suggests what we believe to be an appropriate framework. We need to distinguish between those teens who are already committed to avoiding a birth and those who might be ambivalent about becoming teen mothers. We recognize that this is a controversial distinction; the vast majority of teen pregnancies are reported to be "unintended." Yet pregnancy intention is not a yes or no concept, but rather a continuum. In Kearney and Levine (2012), we describe survey evidence that builds a case for thinking about births that are often described as "unintended" as more appropriately thought of as resulting from ambivalence.

Innovations such as expanded access to contraception or better contraceptive technology will have an effect on the subset of young women who actively want to avoid a pregnancy and are inclined to use some form of contraception when sexually active. For young women committed to avoiding a pregnancy, it is indisputable that greater take-up of LARC methods would lead to lower pregnancy rates. Proponents of the view that expanded access to LARCs can have sizable effects on teen pregnancy rates will point to the Contraceptive Choice Project, conducted in St. Louis. This project counseled women on birth control methods and then gave them a choice of methods free of charge. The researchers found that the subsequent rate of pregnancy among LARC users was significantly lower than among the non-users. Unfortunately, women who chose to use LARCs in that project are likely to have been more committed to avoiding a pregnancy in the first place and would have been less likely to get pregnant anyway. What we need is an experiment that randomly assigns better LARC access to a subset of young women. That would allow researchers to accurately determine the impact of such a policy.

Public health campaigns are potentially needed to expand take-up of LARCs among young women and a willingness among their doctors to prescribe them. Given that such methods are expensive, it is important that low-income women continue to have access to free or subsidized family planning services, as they do under Medicaid.

The policy challenge that we believe offers the greatest potential is to address the needs of those young women who are not committed to avoiding a pregnancy. These are teens whose views are characterized by ambivalence. For them, the issue is more about finding ways to make them *want* to avoid a teen birth. Conditions that change



the perceived costs and benefits of becoming a teen mother will have an impact on the girls that might otherwise be ambivalent about taking their birth control or more generally avoiding unprotected sex. Getting sexually active young women who otherwise would not use contraception into the pool of those who do, especially if they adopt a highly effective method, can have a huge impact.

How do we do that? Some insight is to be gleaned from the evidence we described earlier regarding the impact of *16 and Pregnant*. We suspect the show was effective at driving down rates of teen childbearing because it made the immediate cost of becoming a teen mother salient to would-be teen moms. Conveying that message in a credible format, one that today's youth will listen to, is the key. MTV appears to have accomplished that. In fact, we believe actually showing *16 and Pregnant* within the context of a broader sex education curriculum would be worthy of experimentation. Alternatively, experimenting with other media strategies to replicate the effect of *16 and Pregnant* may be warranted.

We also believe it is important to move beyond believable, cautionary tales and focus on the benefits of delay as well as the immediate cost of motherhood at a young age. The problem is that the benefits of delay have to be real. As we reviewed earlier, in the present environment it is not obvious that there are actually long term consequences for those disadvantaged girls who give birth as a teen. We need to make it such that they have real alternatives to young motherhood, and something to gain from delaying childbearing.

We can move towards accomplishing that goal by learning useful lessons from the few teen pregnancy prevention programs that have been shown to be most successful (Kearney, 2010). In addition to sexual education and family planning services, these programs tend to offer comprehensive services that address multiple aspects of a teen's life. One example is Children's Aid Society - Carrera Program in New York City, which is an intensive, multi-year after-school program for high-risk high school students. It offers summer employment, academic assistance, and sex education. Another example is the Teen Outreach Program (TOP), a service learning program that has been implemented in various sites throughout the country. Both appear to generate promising results. Such programs expand opportunities for teen mothers, giving them a reason to aim for something else, potentially to focus on completing school and investing in their own education and future.

There is also some evidence that high-performing charter schools can lead to a reduction in rates of teen pregnancy. Dobbie and Fryer (2013) estimate that six years after the random admissions lottery, females offered admission to the Promise Academy middle school in the Harlem Children's Zone scored significantly higher on a nationally-normed math achievement test, are more likely to enroll in college, and are less likely to be pregnant in their teens.

Simply put, increased aspirations and expanded opportunities for young women have the potential to extend the downward trend in teen childbearing. We find support for this supposition in the results of a study we recently completed (Kearney and Levine, 2014b) examining the impact of income inequality on teen childbearing. The data indicate that girls from economically disadvantaged backgrounds who live in places with a persistently larger gap between the poor and the middle class are considerably more likely to give birth as a teen relative to girls with comparable backgrounds who live in a place characterized by less inequality. The interpretation is straightforward: girls who grow up at the bottom of a very unequal income distribution - with little ability to improve one's standing - face little reason not to give birth at a young age. The results of our study find support for this hypothesis.

So where does this leave us? Certainly, continued efforts should be promoted to enhance family planning services and increase access to contraception, including highly effective, low-maintenance methods. This is important to maintain the ongoing decline. In addition, we have argued that increased educational and labor market opportunities for women have likely played a role in the universal decline in teen childbearing among developed countries. To ensure that this trend continues, and that girls in poverty in particular respond to these developments, we believe that additional efforts should be made to convince disadvantaged young women that they have a reason to avoid becoming teen parents. This means improving the opportunities for educational advancement and career possibilities for those at the bottom of the income distribution. This policy prescription leads to standard proposals offered to improve the human capital development of American youth, ranging from early childhood education to greater access to a college education. Resources devoted to programs like that may be every bit as important to the fight against teen childbearing as the resources devoted to more targeted efforts of teen pregnancy prevention.

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