

Journal of Applied Research on Children: Informing Policy for Children at Risk

Volume 8

Issue 1 *We Can Do More: Challenges and Opportunities for Teen Pregnancy Prevention*

Article 9

Special Issue Introduction: We Can Do More: Challenges and Opportunities for Teen Pregnancy Prevention

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Recommended Citation

Tortolero, Susan R. and Johnson-Baker, Kimberly () "Special Issue Introduction: We Can Do More: Challenges and Opportunities for Teen Pregnancy Prevention," *Journal of Applied Research on Children: Informing Policy for Children at Risk*: Vol. 8 : Iss. 1 , Article 9. Available at: <http://digitalcommons.library.tmc.edu/childrenatrisk/vol8/iss1/9>

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The *Journal of Applied Research on Children (JARC)* is proud to publish this special issue “*We Can Do More: Challenges and Opportunities for Teen Pregnancy Prevention*” to disseminate articles on unintended pregnancy and sexual risk behavior among teens and the programs developed to reduce these adverse outcomes. Despite rates of unintended pregnancy in the United States being at a historic low, rates in some U.S. communities remain alarmingly high (as high as 54%), especially among teens and women from disadvantaged backgrounds¹⁻⁶. Research shows that unintended pregnancy disproportionately affects women who are young, black or Hispanic, economically disadvantaged, unmarried, or poorly educated²⁻³. In terms of age, among teens and young women aged 15–19 years, the rate of unintended pregnancy is 75%³. However, among older women, the rate of unintended pregnancy is also high: 50% among those aged 20–29 years and 32% among those aged 30 years and over³. In terms of race/ethnicity, the rate of unintended pregnancy is 64% among black women and 50% among Hispanic women, compared with 38% among white women³. In terms of income level, the rate of unintended pregnancy is 60% among women with an income below the federal poverty level, compared with 37% among those with an income at or above the federal poverty level³. In terms of relationship status, the rate of unintended pregnancy is 81% among women who have never married, compared with 24% among those who are currently married³. Finally, in terms of educational attainment, the rate of unintended pregnancy is 48% among women who have less than a college degree, compared with 27% among those who have a college degree³.

Unintended pregnancy places a substantial financial, physical, psychological, and social burden on teen mothers and their children as well as the U.S. public sector. Unintended pregnancy not only perpetuates the cycle of disadvantage among teens and women who are already disadvantaged, but it also potentiates many social problems including poverty, especially child poverty; child abuse and neglect; father-absence; low educational attainment; school failure; low birth weight; domestic violence; justice system involvement; and poor participation in the workforce⁷. In addition to exerting a devastating cost on individual women and their upward mobility, unintended pregnancy exerts a considerable cost on the public sector^{2, 8-9}. Each year, the United States spends an estimated \$21 billion on direct costs associated with unintended pregnancies⁹. Texas, in particular, bears a heavy financial burden, given that its teen pregnancy rate is higher than the national rate⁶. In 2010 alone, Texas spent an estimated \$2.9 billion on births, abortions, and miscarriages resulting from

unintended pregnancies⁶. In 2010, approximately 74% of unintended births in Texas were publicly funded, compared with 68% in the United States⁶.

It is important to realize that unintended pregnancy, its associated adverse outcomes, and its costs to taxpayers are all *preventable*. Research attributes the historic drop in the U.S. rates of unintended pregnancy to increased access to, and use of, family planning services, in general, and effective contraceptive methods, in particular⁶. Overall, only 5% of unintended pregnancies occur among women who use contraception consistently, whereas 54% occur among nonusers and 41% occur among inconsistent users^{6, 10}. Similar to the rates of unintended pregnancy, the rates of incorrect, inconsistent, and nonuse of contraception are highest among women who are young, black or Hispanic, economically disadvantaged, poorly educated, or underinsured or uninsured¹⁰. Thus, increasing access to, and use of, contraception for these disadvantaged women is essential to reducing unintended pregnancy.

Long-acting reversible contraceptive (LARC) methods (implants and intrauterine contraceptives [IUDs]) have shown great potential for dramatically reducing unintended pregnancy, because they require virtually no user adherence and, thus, they can increase the rates of consistent contraceptive use among teens and women¹¹⁻¹². In addition to increasing contraceptive use, LARC methods have many benefits, compared with traditional contraceptive methods¹²⁻¹³. For example, LARC methods have a lower failure rate: a recent study reported that the failure rate was 0.3% for IUDs, compared with 9% for birth control pills¹³. Other benefits of LARC methods include a quick return to fertility after the IUD is removed and a reduction in heavy menstrual bleeding among those using the hormonal IUD¹²⁻¹³. Moreover, side effects associated with IUDs are typically minor, and serious complications are rare, which may help to overcome perceived patient barriers to contraception use and adherence¹²⁻¹³.

Despite the great promise of LARC and other effective contraceptive methods, teens and women who live in disadvantaged communities face systematic barriers to accessing them. These barriers include (1) lack of implementation of evidence-based clinical guidelines by the health provider community; (2) lack of training on and knowledge of LARC methods; (3) low confidence of providers in discussing contraception with patients; (4) lack of patient-centered counseling and education; (5) financial barriers to prescribing LARC methods; (6) consent requirements for teens; (7) limited outreach to patients in disadvantaged communities; (8) lack of buy-in from clinic leadership and staff; (9) health system factors affecting timely LARC provision; and (10) patient misperceptions of safety, mistrust of health providers, and expectations about side effects. Clearly, we are facing an

uphill battle, but it is a *winnable* battle that we must continue to fight to ensure the health and wellbeing of future generations.

The articles in this special issue of the *JARC* describe the problems of teen pregnancy, as well as how researchers and practitioners are partnering with community stakeholders to design, develop, and disseminate technological interventions to reduce unintended pregnancy in disproportionately affected communities. Independently, each article makes an important contribution to the literature by focusing on a vulnerable population, describing novel theoretical frameworks and technological applications, and/or developing and evaluating theory-based inventions to reduce unintended pregnancy. Collectively, these articles help to inform a winning strategy in the ongoing battle against unintended pregnancy and its associated adverse outcomes.

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