

Original article

Trends in Sexual Experience, Contraceptive Use, and Teenage Childbearing: 1992–2002

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Abstract

Purpose: To examine how cohort trends in family, individual, and relationship characteristics are linked to trends in adolescent reproductive health outcomes to provide a better understanding of factors behind recent declines in teenage birth rates.

Methods: We examine a sample of three cohorts of females and males aged 15–19 in 1992, 1997, and 2002, based on retrospective information from the 2002 National Survey of Family Growth. We identify how family, individual, and relationship characteristics are associated with the transition to sexual intercourse, contraceptive use at first sex, and the transition to a teen birth.

Results: Cohort trends and multivariate analyses indicate changes in family and relationship characteristics among American teens have been associated with positive trends in reproductive health since the early 1990s. Factors associated with improvement in adolescent reproductive health include positive changes in family environments (including increases in parental education and a reduced likelihood of being born to a teen mother) and positive trends in sexual relationships (including an increasing age at first sex and reductions in older partners). These positive trends may be offset, in part, by negative changes in family environments (including an increased likelihood of being born to unmarried parents) and the changing racial/ethnic composition of the teen population.

Conclusions: Recent increases in the U.S. teen birth rate highlight the continued importance of improving reproductive health outcomes. Our research suggests that it is important for programs to take into consideration how family, individual, and relationship environments influence decision-making about sex, contraception, and childbearing. © 2009 Society for Adolescent Medicine. All rights reserved.

Keywords:

Teenage childbearing; Sexual activity; Contraceptive use; Trends; Adolescence

Although the U.S. teen birth rate increased by 3% between 2005 and 2006, the overall teen birth rate has decreased by almost a third since 1991 [1,2]. National trends also show declines in sexual experience and increases in contraceptive use among teens [3,4]. However, researchers, advocates, and

policy makers disagree about whether the decline in teen birth rates is because of increases in abstinence [5] or to increases in contraceptive use or more effective method use among sexually active teens [6–8].

A better understanding of the changing context of adolescence may help explain trends in teenage childbearing and its proximate determinants (sexual experience and contraceptive use). Using data from males and females in the 2002 National Survey of Family Growth, we examine cohort trends in family, individual, and relationship characteristics and how these characteristics are associated with the timing of first sex, contraceptive use at first sex, and the transition to a teen birth. We hypothesize that changes in family environments, individual characteristics, and teens' relationships and partners may

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contribute to changing reproductive health behaviors among U.S. teens.

Background

Family environments

A large body of research links family background factors with adolescent sexual behavior and teenage childbearing. Male and female adolescents from two-parent families initiate sex later than teens from other types of families, and are more likely to use contraception when they do have sex [9–12]. Female adolescents whose mothers were teens at their first birth are at higher risk of teen childbearing than daughters of older mothers [9,13]. Higher parental education is associated with a later timing of first sexual intercourse, greater contraceptive use at first sex, and a lower risk of teen pregnancy and teen births [9,11]. Female adolescents whose mothers worked outside the home have sex at an earlier age; however, they are less likely to have a teen pregnancy compared to females whose mothers did not work [11].

Demographic trends show major changes in the composition of U.S. families since the early 1990s, which have implications for trends in reproductive health. For example, recent increases in education (especially among females) [14] and decreases in the likelihood that adolescents will have a mother who was a teen at her first birth [1] may lead to improved reproductive health in the next generation, as has been suggested by analyses of trends in teenage childbearing among females in the 1970s to 1990s [9–11]. In contrast, increases in single-parent families may counterbalance these trends [15].

Family environment hypotheses. Improvements in maternal education and reductions in the percentage of mothers who were teens at birth will be associated with improvements in adolescent reproductive health outcomes across cohorts. Increases in nonmarital childbearing and single-parent families will lead to increased risk of teenage childbearing.

Individual characteristics. Teens' individual characteristics such as race/ethnicity and immigrant status are also associated with sexual behavior. Black adolescents initiate sexual activity earlier than white or Hispanic adolescents [11,16]; however, they are more likely to use condoms [17], whereas Hispanics use condoms less consistently [4,18]. White adolescents, however, are more likely than both black and Hispanic adolescents to use *any* contraceptive method [19], and have lower odds of experiencing a teen birth [11]. Foreign-born adolescents are less likely to transition to sex than adolescents born in the United States, but more likely to give birth once they initiate sex [20]. Among females, biological factors, including an early age at menarche, are associated with an earlier timing of sex [21,22], and, according to some research, reduced odds of a teen birth [13,23].

Individual hypotheses. We hypothesize that changes in individual factors, including the changing racial/ethnic composition of the teen population, will be associated with trends in teenage childbearing. Specifically, increasing numbers of Hispanics and immigrants in the United States [24] will be associated with delays in sexual experience, reductions in contraceptive use, and potentially higher rates of teenage childbearing. Furthermore, declines in age at menarche among females [25] may contribute to earlier sexual initiation and a higher rate of teen births.

Relationship characteristics. Characteristics of teens' sexual relationships and partners are associated with their reproductive health behaviors. For example, a younger age at first sex and having an older sexual partner (especially among females) are associated with reduced contraceptive use [19,26] and greater risk of a teen birth [27,28]. Casual sexual partners (versus romantic or steady partners) are also associated with reduced contraceptive use at first sex [19,26], whereas an extensive literature finds lower *condom* use and consistency in romantic relationships compared with more casual relationships [17,29].

Relationship hypotheses. We know little about long-term changes in the sexual relationships among teens. However, increased media and research attention has been given to casual or "hook-up" sex [30,31], suggesting that sex with casual partners may be increasingly common among teens. Increases in casual relationships or older partners may be linked to reductions in contraceptive use and increased risk of a teen birth. In contrast, trends toward a later age at first sex would be linked to increases in contraceptive use and reduced likelihood of a teen birth.

Because both males and female are involved in reproductive health decision making that may lead to teenage childbearing, we examine whether family, individual, and relationship factors are associated with outcomes among both males and females. Some research, for example, suggests that family background factors and characteristics of early sexual relationships exert a stronger influence on sexual behavior among females, compared with males [28,32,33]. Thus, because of gender differences in reproductive health behaviors and their predictors, we examine factors separately for males and females.

Data and Methods

We used data from the 2002 National Survey of Family Growth (NSFG) male and female data files for our analyses. The survey, conducted by the National Center for Health Statistics, was administered to 7,643 females and 4,928 males between the ages of 15 and 44, with oversamples of Hispanics, African Americans, and teenagers.

To examine trends over time, we created cohorts of teens aged 15–19 in 1992 (aged 25–29 in 2002), 1997 (aged 20–24 in 2002), and 2002, restricted to those who were living in the

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