Understanding the Differences in Pregnancy and Birth Rates for Black and White Teens

Despite a decline of 72% since 1991, the U.S. continues to have significantly higher rate of teen pregnancy compared with other developed countries [1,2]. Prior studies have shown that factors such as age, race, geography, and socioeconomic factors contribute to significant variability in teen birth rates across the U.S. In 2018, birth rates for black and Hispanic teens were more than twice as high as births to white teens [1]. Geographically, teen birth rates varied from a high in Arkansas of 30.4 to a low in Massachusetts of 7.2 [1]. Recent teen pregnancy data are sparse but show similar trends. In 2013, the pregnancy rate for 15- to 17-year-old teens was 20.8, compared with 76.1 for 18- to 19-year-old teens [3]. In 2013, 24% of teen pregnancies ended in abortion. Although not fully understood, factors contributing to the decrease in teen pregnancy include improved access to effective contraception, decreased teen sexual activity, improvements in the economy, and increased job and educational opportunities for youth [4,5]. Until recently, teen pregnancy prevention programs had positive impacts on pregnancy risk [6,7]. However, more data are needed to understand the impact of race and socioeconomic status on teen pregnancy and births.

In this issue of the Journal of Adolescent Health, Dumas et al. examine the associations between race and teen pregnancy and birth rates in teens insured by Medicaid living in Louisiana during 2014. Louisiana was an apt state to study because teen pregnancy declines have been less steep than in the rest of the U.S. [3]. The state also did not expand Medicaid until 2016, thus providing a uniform very-low-income sample. The study analyzed both pregnancy and birth diagnoses and procedure billing codes in the Louisiana Medicaid database for 66,069 subjects. The database included only black and white racial codes; however, the authors note that the Louisiana population is predominantly black and white. Their analysis was limited to 15- to 17-year-old teens because Medicaid enrollment declined sharply for older teens. This younger age group is important to study, as they are potentially at higher risk for lower educational attainment, poverty, and lack of positive parenting skills because of development immaturity [8]. In their primary analysis, the authors calculated black versus white births per person-year rates of 25.8 versus 24.6, whereas the black versus white pregnancies per person-year birth rates were 36.1 versus 42.7. Relative incidence ratios were significant, showing lower pregnancy rates for black teens when compared with whites. They also demonstrated no racial differences of nonlive births or unknown pregnancy outcomes.

This study raises important questions about the interplay between race, socioeconomic status, and community on risk for teen pregnancy and birth. A review of the Center for Disease Control data leads to the conclusion that black teens have twice the birth rate of white teens [1]. That “established fact” has been repeated throughout the teen pregnancy literature without the important qualifying socioeconomic status data. This simplification of the data creates a narrative that furthers racial disparities. Dumas et al. provide important context to the question of pregnancy risk. By comparing two groups of teens of equally low socioeconomic status and age, the differences between black and white teens markedly decrease. The data support no difference in birth rates and a low but significant higher pregnancy rate in white teens in most of the analyses. It is unclear why there is a difference in pregnancy rate, but perhaps black teens have less access to therapeutic abortion, which is not publicly funded in Louisiana or they may not seek or have access to medical care for spontaneous abortions, creating gaps and bias in the billing code data. There may be racial differences in community and individual family support for teen pregnancies.

Socioeconomic factors are the predominant drivers of pregnancy risk for black and white teens. The physical and social environment shape a teen’s perception of the world and her hopes for the future, especially when there are limited educational and employment opportunities. If further education and training are untenable, early family formation becomes another route to adulthood. Familial attitudes supporting early parenthood may also be present [9]. Lower family socioeconomic status has also been associated with early sexual intercourse [10]. Teens, in general, often struggle connecting their long-term goals with short-term actions, and this disconnection can be magnified by poverty.

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In addressing health policy, it is important to understand the interplay between race or ethnicity, socioeconomic factors, community structures, and teen pregnancy risk. More research is needed to understand differences in teen pregnancy risk among other ethnic groups, including Hispanic teens. In rural, resource-poor communities, access to confidential reproductive health services may also be limited. Studies have shown that across the U.S., only 55% of young females have had confidential health visits; yet, assess to contraceptive counseling and methods have been critical to the declines in teen pregnancy [11,12]. National statistics on teen birth racial differences obscure the factors associated with poverty and lack of opportunity that increase risk. At the state and federal levels, we need policy changes that seek to reduce poverty, including funding for community-level interventions that create future opportunity for youth.

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