



The National Campaign

one in three

The Case for Wanted and Welcomed Pregnancy

May 2007

Responsible Behavior. Responsible Policies.

TheNationalCampaign.org

StayTeen.org

Teenpregnancy.org

THE NATIONAL CAMPAIGN BOARD OF DIRECTORS

CHAIRMAN

Thomas H. Kean
Chairman
The Robert Wood Johnson Foundation
former Governor of New Jersey

PRESIDENT

Isabel V. Sawhill, Ph.D.
Senior Fellow, Economic Studies
The Brookings Institution

CHIEF EXECUTIVE OFFICER

Sarah S. Brown

Robert Wm. Blum, M.D., Ph.D.
William H. Gates Sr., Professor and Chair
Department of Population and Family Health Sciences
Johns Hopkins University

Sara Seims, Ph.D.
Director, Population Program
The William and Flora Hewlett Foundation

Irving B. Harris (1910 - 2004)
Chairman, The Harris Foundation

Linda Chavez
Chairman, Center for Equal Opportunity

Matthew Stagner, Ph.D.
Executive Director
Chapin Hall Center for Children
University of Chicago

Barbara Huberman
Director of Training, Advocates for Youth

Vanessa Cullins, M.D., M.P.H., M.B.A.
Vice President for Medical Affairs
Planned Parenthood Federation of America, Inc.

Mary C. Tydings
Managing Director, Russell Reynolds Associates

Judith E. Jones
Clinical Professor, Mailman School of Public Health
Columbia University

Susanne Daniels
President, Lifetime Entertainment Services

Roland C. Warren
President, National Fatherhood Initiative

Leslie Kantor
Kantor Consulting

Daisy Expósito-Ulla
Chairman and CEO
d expósito & partners

Vincent Weber
Partner, Clark & Weinstock
former U.S. Congressman

Nancy Kassebaum Baker
former U.S. Senator

Judy Feder, Ph.D.
Professor and Dean
Georgetown Public Policy Institute
Georgetown University

Stephen A. Weiswasser
Partner, Covington & Burling

Douglas Kirby, Ph.D.
Senior Research Scientist, ETR Associates

William Galston, Ph.D.
Senior Fellow, Governance Studies
The Brookings Institution

Gail R. Wilensky, Ph.D.
Senior Fellow, Project HOPE

C. Everett Koop, M.D.
former U.S. Surgeon General

David R. Gergen
Editor-at-Large
U.S. News & World Report

Kimberlydawn Wisdom, M.D.
Surgeon General, State of Michigan
Vice President, Community Health,
Education, and Wellness
Henry Ford Health System

John D. Macomber
Principal, JDM Investment Group

Ron Haskins, Ph.D.
Senior Fellow, Economic Studies
Co-Director, Center for Children and Families
The Brookings Institution
Senior Consultant, The Annie. E. Casey Foundation

Charlotte Beers
former Under Secretary for
Public Diplomacy and Public Affairs
U.S. Department of State
former Chairman and CEO, Ogilvy & Mather

Sister Mary Rose McGeady
former President and CEO, Covenant House

Judy McGrath
Chairman and CEO, MTV Networks

Alexine Clement Jackson
Community Volunteer

Nancy L. Johnson
Senior Public Policy Advisor
Federal Public Policy and Healthcare Group
Baker, Donelson, Bearman, Caldwell & Berkowitz, PC

Carol Mendez Cassell, Ph.D.
Senior Scientist, Allied Health Center
School of Medicine, Prevention Research Center
University of New Mexico

Brent C. Miller, Ph.D.
Vice President for Research
Utah State University

Kristin Moore, Ph.D.
Area Director, Emerging Issues
Child Trends, Inc.

Sheila C. Johnson, Hon. Ph.D.
CEO, Salamander Farm

Jody Greenstone Miller
President and CEO, The Business Talent Group

Annette P. Cumming
Executive Director and Vice President
The Cumming Foundation

John E. Pepper
CEO
National Underground Railroad Freedom Center

Hugh Price
Senior Fellow, Economic Studies
The Brookings Institution

Reverend Father Michael D. Place, STD
Vice President, Ministry Development
Resurrection Health Care

Frankie Sue Del Papa
former Attorney General
State of Nevada

Warren B. Rudman
Senior Counsel
Paul, Weiss, Rifkind, Wharton & Garrison
former U.S. Senator

Bruce Rosenblum
President, Warner Bros. Television Group

Whoopi Goldberg
Actress

Kurt L. Schmoke
Dean, Howard University School of Law
former Mayor of Baltimore

Stephen W. Sanger
Chairman and Chief Executive Officer
General Mills, Inc.

Stephen Goldsmith
Daniel Paul Professor of Government
John F. Kennedy School of Government
former Mayor of Indianapolis

Isabel Stewart
former Executive Director, Girls Inc.

Victoria P. Sant
President, The Summit Foundation

Katharine Graham (1917-2001)
Chairman, The Washington Post Company

Judy Woodruff
Senior Correspondent
The NewsHour with Jim Lehrer

David A. Hamburg, M.D.
President Emeritus, Carnegie Corporation of New York
Visiting Scholar, Weill Medical College
Cornell University

Andrew Young
Chairman, GoodWorks International
former Ambassador to the U.N.



one in three

The Case for Wanted and Welcomed Pregnancy

May 2007

Responsible Behavior. Responsible Policies.

TheNationalCampaign.org

StayTeen.org

Teenpregnancy.org

Acknowledgements

The National Campaign warmly recognizes the William and Flora Hewlett Foundation for its continued efforts to address the most serious social problems facing society. We thank them for their generous support of the National Campaign's efforts from the very beginning and, in particular, for making it possible for the National Campaign to expand its mission. With the Foundation's assistance, the National Campaign will continue to press for further reductions in teen pregnancy and will now also help young adults prevent pregnancies that are neither wanted nor welcomed.

Over a year ago, the Hewlett Foundation began exploring the feasibility of a comprehensive approach to reducing unplanned, unwanted pregnancy in the United States. The Foundation conducted extensive consultations with a wide variety of leaders from different political perspectives, commissioned wide-ranging public opinion research (qualitative and quantitative), and funded analyses of the potential impact of various approaches to reducing unplanned, unwanted pregnancy. Based on this exploration, the Foundation concluded that the time is ripe for an initiative to address these key problems, and the National Campaign to Prevent Teen Pregnancy was selected to lead the effort and expands its mission. We are grateful to the Foundation for this powerful vote of confidence.

We also acknowledge our many colleagues at the Glover Park Group and Public Strategies Inc. for their help in planning the National Campaign's new phase. We have benefited from their clear-headed and practical advice in ways too numerous to count.

We would also like to thank the many friends and funders who have provided major support to the National Campaign over the years for our teen-focused work, including:

Achelis Foundation	Sheila C. Johnson, Hon., Ph.D.
Annie E. Casey Foundation	Mr. Robert L. Johnson
Bodman Foundation	Johnson & Johnson Family of Companies
Bristol-Myers Squibb Foundation	The Hon. Thomas H. Kean
Candie's Foundation	The Hon. and Mrs. John D. Macomber
Carnegie Corporation of New York	Mary Wohlford Foundation
Centers for Disease Control and Prevention	Pfizer Inc.
Charles Stewart Mott Foundation	Public Welfare Foundation, Inc.
Compton Foundation	Robert Wood Johnson Foundation
Cumming Foundation	Mr. and Mrs. Roger Sant
David and Lucile Packard Foundation	Sara Lee Corporation
General Mills, Inc.	Summit Foundation
General Mills Foundation	Summit Fund of Washington
Mrs. Katharine Graham	Turner Foundation
Irving Harris Foundation	U.S. Department of Health and Human Services
Henry J. Kaiser Family Foundation	William T. Grant Foundation
W. K. Kellogg Foundation	Wyeth Pharmaceuticals
John D. and Catherine T. MacArthur Foundation	

Suggested Citation. *One in three: The case for wanted and welcomed pregnancy.* (2007). National Campaign to Prevent Teen Pregnancy. Washington, DC: Author.

©National Campaign to Prevent Teen Pregnancy. All rights reserved.

ISBN: 1-58671-068-0

ONE IN THREE: The Case for Wanted and Welcomed Pregnancies

Summary

Introduction. A new analysis by the National Campaign to Prevent Teen Pregnancy indicates that **about one in three pregnancies in America are unwanted.** That is, about one-third—2 million—of the 6.4 million pregnancies in 2001 (the most recent year for which adequate data are available) were unwanted.¹ This figure includes (1) pregnancies that end in abortion (about 1.3 million);ⁱ (2) births resulting from pregnancies that women themselves say they did not want at the time of conception or *ever* in the future (about 567,000);ⁱⁱ and (3) a smaller number of miscarriages that were also from unwanted pregnancies (179,000). This large number of unwanted pregnancies has far-reaching consequences for women, men, children, families, and society.

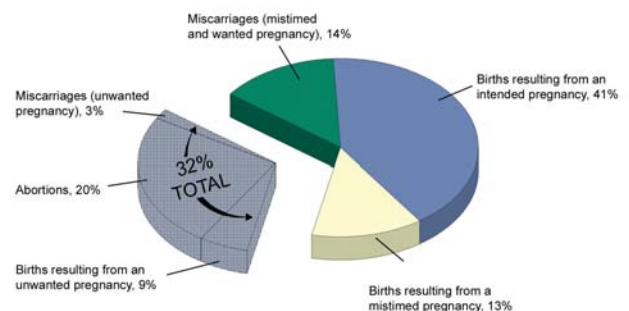
What the National Campaign Plans to Do. To help ensure that more pregnancies are wanted and welcomed, the National Campaign is expanding its work to include young adults while still maintaining a sharp focus on teens. We will promote responsible behavior and responsible policies that can help to reduce unwanted pregnancy. And we will remain deeply committed to being a bi-partisan, research-based effort that is grounded in common sense and practical approaches.

In this new focus on young adults, we plan to disseminate public information and promote education about a wide range of topics central to the

challenge of unwanted pregnancy; work with opinion leaders, policymakers and program leaders at the national and state levels; emphasize the careful, consistent practice of family planning by all who are sexually active and not seeking pregnancy; encourage responsible, healthy relationships; emphasize the role of men in pregnancy prevention and planning; engage the entertainment media, faith communities, peers and others; and support practical, evidence-based policies that advance our mission. Opening this “new front” is made possible by generous support from the William and Flora Hewlett Foundation which has made a ten year commitment to preventing unwanted pregnancy and reducing the need for abortion in America.

The mission of the National Campaign is to promote values, behavior and policies that reduce both teen pregnancy and unwanted pregnancy among young adults. By increasing the proportion of children born into welcoming, intact families who are prepared to take on the demanding task of raising the next generation, our efforts will improve the well-being of children and strengthen the nation.

Figure 1: Pregnancy Distribution for All Women Aged 15-44, 2001



Source: Special Tabulations by the National Campaign to Prevent Teen Pregnancy, 2007

ⁱ A small number of women who planned their pregnancy make the difficult decision to terminate it after learning that it poses a serious maternal health risk or that the fetus has severe abnormalities. Other reasons may arise as well. Even so, abortion itself is a clear indication that a pregnancy was or became unwanted.

ⁱⁱ The primary source of information on unwanted pregnancy is the National Survey of Family Growth (NSFG), a periodic survey of women aged 15-44 conducted by the National Center for Health Statistics. The NSFG defines a pregnancy as unwanted if the respondent reports that she did not want to become pregnant now or in the future.

Taking strong steps to increase the proportion of pregnancies that are fully wanted and welcomed is long overdue. It is worth repeating: one in three pregnancies—over 2 million each year—are unwanted. We think the country can do far better.

Defining the Problem. The nation's teenagers have made extraordinary progress in reducing their rates of pregnancy and childbearing. In fact, the teen pregnancy rate declined 36 percent between 1990 and 2002, the teen birth rate dropped by one-third between 1991 and 2005, and the teen abortion rate fell 50 percent between 1988 and 2002.² This impressive achievement has, of course, benefited teens themselves—teen girls especially. But equally important have been the gains for children, given the compelling evidence that children fare better when their parents are older, have completed at least high school, and are in stable and committed relationships—marriage, in particular. Even so, it is critical to note that teen pregnancy rates remain high and continued action is needed to sustain and extend the good news.

There has, however, been no comparable progress among young adults—the older brothers and sisters, friends and neighbors of the teens whose pregnancy rate has been declining. In fact, the National Campaign estimates that between 1994 and 2001, the *rate* of unwanted pregnancy in the United States (that is, the number of unwanted pregnancies per 1,000 women 15 to 44) increased slightly (4 percent), from 31.9 to 33.2. Moreover, the rate of unwanted pregnancy increased among women in every age group (especially those 20 to 24) *except* among teens.³

An unwanted pregnancy is not to be confused with a pregnancy that may have come at an inconvenient or awkward time; in fact, some women will say, for example, that their third child was a pleasant surprise, and sometimes pregnancy comes a bit sooner than a couple might wish. The children born months later from these mistimed pregnancies are often welcomed into stable and nurturing families.

But some pregnancies are more than unexpected or mistimed; they are greeted by women with anguish—sometimes even alarm—especially when they occur at a time in a woman's life when she is not prepared to raise a child or, in some instances,

another child. She may not have adequate personal or financial supports in place or have other serious problems or burdens. It is these pregnancies that are of particular concern.

Why Preventing Unwanted Pregnancy Matters. Unwanted pregnancy is at the root of a number of important public health and social challenges. Unwanted pregnancies are frequently resolved by abortion—1.3 million in the United State in 2001,⁴ and although Americans differ a great deal in their views about abortion, virtually all of us see value in lessening the need for abortion and would prefer that fewer women have to confront an unwanted pregnancy in the first place.

In addition, in the most recent year for which good data are available, there were about 567,000 births from pregnancies that women themselves say they did not want at the time of conception or *ever* in the future.¹ These children are particularly vulnerable. For example, even when taking into account various social and economic factors, women experiencing an unwanted pregnancy are less likely to obtain prenatal care, and their babies are at increased risk of both low birthweight and of being born prematurely.⁵⁻¹¹ They are also less likely to be breastfed.¹²

Children born from unwanted pregnancies also face a range of developmental risks as well. For example, these children report poorer physical¹³⁻¹⁶ and mental health^{14,17} compared to children born as the result of an intended pregnancy. And a new analysis from Child Trends indicates that, after controlling for numerous background factors, children two years old who were born as the result of an unwanted pregnancy have significantly lower cognitive test scores when compared to children of the same age who were born as the result of an intended pregnancy.¹⁸

In addition, the majority of children from an unwanted pregnancy are born to unmarried women.¹⁹ This is important because children raised in single-parent families face more challenges in a variety of areas than do children raised in two-parent, low-conflict married families.²⁰⁻²³ For example, when compared to similar children who grow up with two parents, children in one-parent families are more likely to be poor, drop out of high school, have lower grade-point averages, lower college aspira-

tions, and poorer school attendance records. As adults, they also have higher rates of divorce.²¹⁻²³ Such data suggest that reducing unwanted pregnancy will increase the proportion of children born into circumstances that better support their growth and development.

What the American Public Believes. The American public strongly supports the goal of reducing unwanted pregnancy. In a nationally representative survey conducted by Glover Park Group and Public Strategies, Inc. in March 2007, seven in ten (69 percent) adults said reducing unwanted pregnancy in the United States is an important goal.²⁴ Even without knowing all the details, the American public clearly has a common-sense understanding that pregnancy should be wanted and welcomed, and that child-bearing and family formation are deeply significant life events that should be approached in a careful, deliberate way.

But it is also true that Americans do not understand the full *magnitude* of the problem. In particular, they think that unplanned, unwanted pregnancy and abortion are largely confined to teens, which is simply not true. For example, even though less than 20 percent of all abortions are to teens, four out of five Americans think that the percentage is higher—often much higher.²⁴ Unless more Americans understand that men and women of *all ages*, not just teens, are having difficulty in pregnancy planning, they are unlikely to focus needed attention and resources on this problem.

ONE IN THREE: The Case for Wanted and Welcomed Pregnancies

Defining the Problem

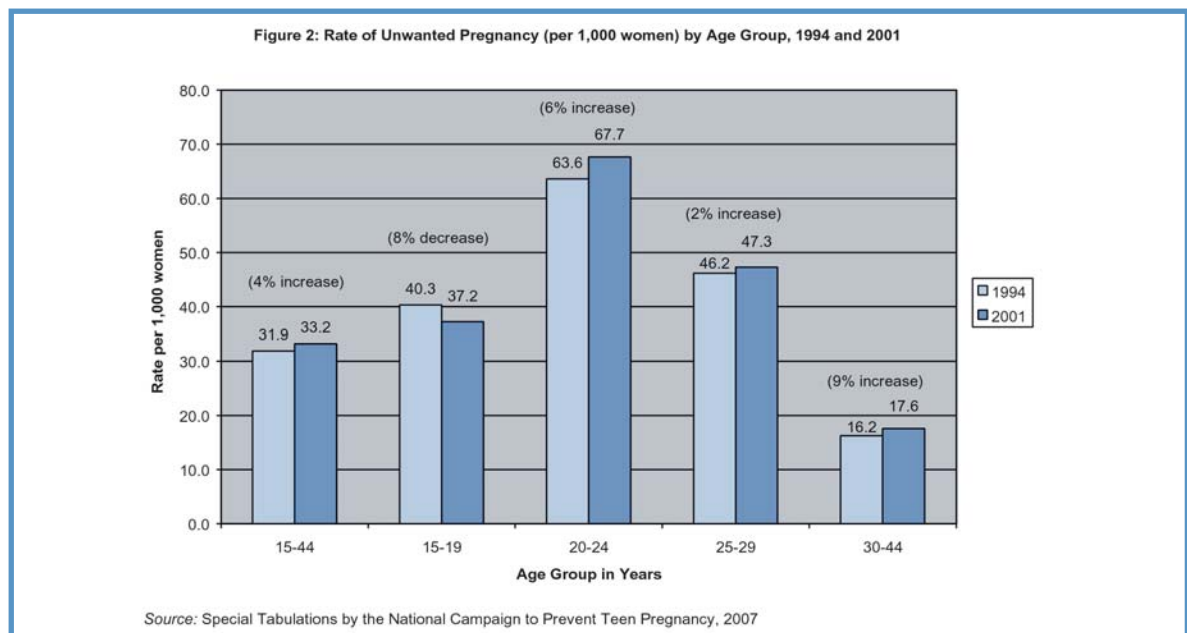
The nation has made extraordinary progress in preventing early pregnancy and childbearing. The teen pregnancy rate declined 36 percent between 1991 and 2002 (the most recent data available) and the teen birth rate has declined by one-third.² In fact, few social problems have improved as dramatically as has this one.

When the National Campaign to Prevent Teen Pregnancy began in 1996, we challenged the nation to reduce the teen pregnancy rate in the United States by one-third over a 10-year period. Ten years later, demographic projections suggest that the nation may well have achieved this goal. Even so, it is still the case that one-third of teen girls become pregnant before they are 20, and the rate of teen pregnancy in the United States remains far higher than in other comparable countries. Mindful of the continuing problem, in 2006 we challenged the nation to reduce the rate of teen pregnancy by *another* one-third over the next 10 years.

But when the progress among teens is looked at within the context of pregnancy and childbearing in America more generally, it is increasingly apparent that although teens are moving in the right direction, their older brothers and sisters, friends, relatives, and neighbors are not.

A new analysis of existing data by the National Campaign indicates that **about one in three pregnancies in America are unwanted**.¹ In this analysis, unwanted pregnancies include (1) pregnancies that end in abortion (about 1.3 million), (2) births resulting from pregnancies that women *themselves* say they did not want at the time of conception or *ever* in the future (about 567,000); and (3) a smaller number of miscarriages that were also of unwanted pregnancies (179,000). In other words, just over 2 million of the 6.4 million pregnancies in America in 2001 (the most recent data available) were unwanted.

Moreover, between 1994 and 2001, the *rate* of unwanted pregnancy in the United States increased slightly (4 percent) from 31.9 to 33.2 unwanted pregnancies per 1,000 women aged 15-44. In fact, the rate of unwanted pregnancy increased among women in every age group with the exception of teens.³

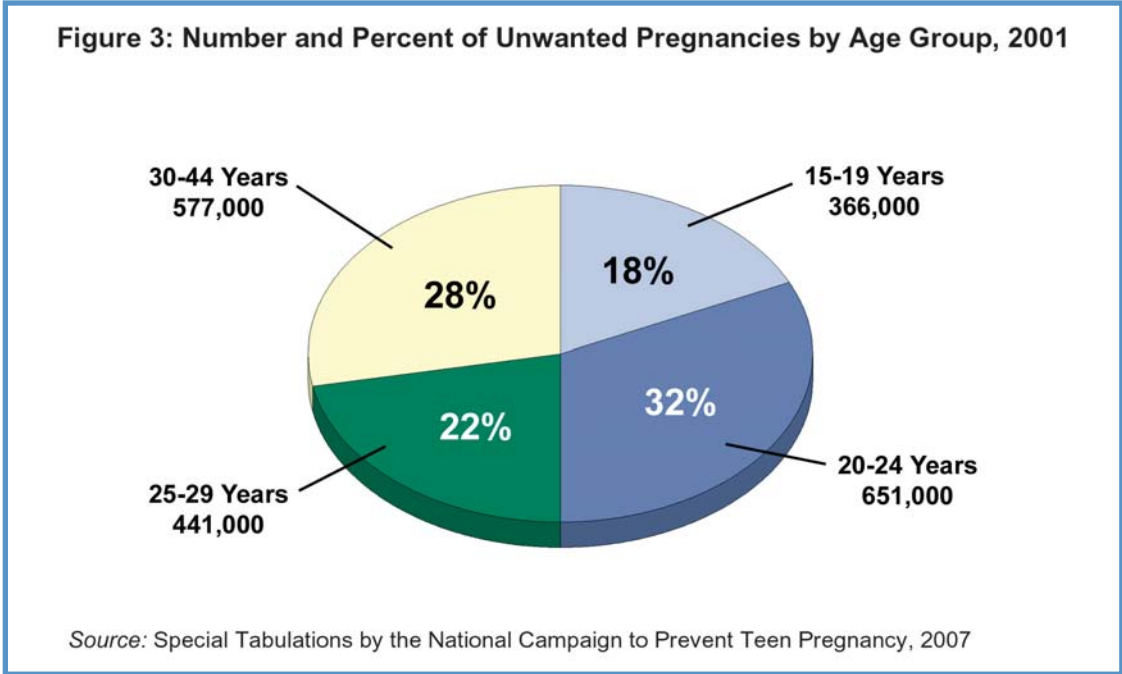


An unwanted pregnancy is not to be confused with a pregnancy that may have come at an inconvenient or awkward time; in fact, some women will say, for example, that their third child was a pleasant surprise, and sometimes pregnancy comes a bit sooner than a couple might wish. The children born months later from these mistimed pregnancies are often welcomed into stable and nurturing families.

But some pregnancies are more than unexpected or mistimed; they are greeted by women with anguish—sometimes even alarm—especially when they occur at a time in a woman’s life when she is not prepared to raise a child—or, in many instances, *another* child. She may not have adequate personal or financial supports in place or have other serious problems or challenges. It is these pregnancies that are of particular concern, as detailed later in this monograph.

Of the 2 million unwanted pregnancies estimated to have occurred in 2001¹:

- More than half (54 percent) occurred to women in their twenties (1,092,000 pregnancies):
 - about one third (32 percent) were to women aged 20-24 (651,000 pregnancies).
 - more than one in five (22 percent) were to women aged 25-30 (441,000 pregnancies).
- About three in ten (28 percent) were to women aged 30-44 (577,000 pregnancies).
- About two in ten (18 percent) occurred to teens 15 to 19 (366,000 pregnancies)
- In addition, almost three fourths (72 percent) of unwanted pregnancies are to unmarried women (1,475,000 pregnancies), and just over a quarter (28 percent) of unwanted pregnancies occur to married women (565,000 pregnancies).



What the National Campaign Plans to Do

In response to these important statistics, the National Campaign to Prevent Teen Pregnancy is expanding its mission. We will continue to work on preventing teen pregnancy. And we will now *also* focus on reducing the high level of unwanted pregnancy in the United States among young adults in their twenties where the majority of such pregnancies occur. This expansion is made possible by the William and Flora Hewlett Foundation which has made a ten year commitment to preventing unwanted pregnancy and reducing the need for abortion in America.

The Term Unwanted

The primary source of information on unwanted pregnancy is the National Survey of Family Growth (NSFG), a periodic survey of women aged 15-44 conducted by the National Center for Health Statistics. The NSFG currently divides pregnancy into two broad categories: intended and unintended. Pregnancies are counted as intended when the woman herself said she wanted to have a baby at the time the pregnancy occurred (or even sooner). Pregnancies are counted as unintended when the woman reported that the pregnancy was either mistimed (the woman wanted to become pregnant at some point in the future but not at the present time) or unwanted (the woman did not want to become pregnant now or in the future). Pregnancies to women who said they were indifferent about the pregnancy are classified as intended.

The National Campaign, in concert with the Guttmacher Institute, and with the advice of a number of research experts, is developing new measures of unintended/unwanted pregnancy that will involve additional aspects of pregnancy planning and intent. We expect to announce this new measure in a few months.

Throughout this paper we focus on the subgroup of women who themselves describe their pregnancy as *unwanted* rather than *mistimed*, unless otherwise noted.

In opening this new front, the National Campaign will use the experience and knowledge we have gained in our work with teens to encourage young adults to bring more intentionality and planning to their pregnancies. We will continue in a common sense, bi-partisan, and research-based fashion using many of the same strategies that have contributed to the nation's progress in reducing teen pregnancy over the past 10 years. In this new work with young adults, we will encourage personal responsibility among women and men and responsible public policies as well. We will:

- work with opinion leaders, policymakers and program leaders at the national and state levels;
- support public information and education about a wide range of topics;
- encourage careful, consistent use of family planning by all who are sexually active and not seeking pregnancy;
- encourage responsible, healthy relationships among young adults (which can include refraining from sexual activity in some circumstances) to help them achieve their future family and career goals;
- engage the entertainment media, faith communities, parents and others;
- emphasize the role of men in pregnancy prevention and planning; and
- support practical, evidence-based policies that advance our mission.

Helping Americans reduce their high levels of unwanted pregnancy is a complex challenge, of course, and it will require intense attention and ongoing action from many sectors. Although the National Campaign has many ideas about what to do, there is much we need to learn about underlying causes and possible remedies. Accordingly, over the next several months, the National Campaign will be continuing to learn from a wide variety of experts, policymakers, those on the front lines, and young adults themselves about unwanted pregnancy and what might be done to improve the situation. This outreach has already begun and will be intensifying in the upcoming months.

Taking strong steps to increase the proportion of pregnancies that are fully wanted and welcomed is long overdue. It is worth repeating: one in three pregnancies—over *two million* each year—are unwanted. We think the country can do far better.

Why Preventing Unwanted Pregnancy Matters

Reducing unwanted pregnancy will bring significant benefits to women, men, children, families, and society in general.

Increasing the proportion of pregnancies that are wanted and welcomed will help ensure healthier pregnancies, healthier babies and enhanced child development.

New guidelines about preconception care from the Centers for Disease Control and Prevention underscore how planning for pregnancy and being at optimal health before pregnancy can help to dramatically improve a woman's chance of having a healthy pregnancy and baby.²⁵ Unfortunately, women who experience an unwanted pregnancy often do not have the opportunity to engage in such preconception care.

Even when taking into account the existing social and economic factors, women experiencing an unwanted pregnancy are less likely to obtain prenatal care^{5,6,8,11} and their babies are at increased risk of both low birthweight^{5,7,10,26} and of being born prematurely,^{7,9,10} both of which increase the risk of many serious problems including infant mortality. These mothers are also less likely to breastfeed their infants.¹²

Children born from unwanted pregnancies also face a range of developmental risks as well. For example, these children report poorer physical¹³⁻¹⁶ and mental health^{14,17} compared to those children born as the result of an intended pregnancy. They also have relationships with their mothers that are less close during childhood (and possibly into adulthood) when compared to peers who were born as the result of an intended pregnancy.²⁷⁻³⁰

A new analysis from Child Trends indicates that, after controlling for numerous background factors, children two years old who were born as the result of an unwanted pregnancy have significantly lower cognitive test scores when compared to children born as the result of an intended pregnancy.¹⁸ These cognitive test scores include direct assessment of such skills as listening, vocabulary, exploring, problem solving, memory, and communication, as well as a child's overall mental ability relative to other children in his or her age group.

Increasing the proportion of pregnancies that are wanted and welcomed will help reduce both out-of-wedlock births and child poverty.

Over two decades of social science research makes clear that children fare better when their parents are older, have completed at least high school, are in stable and committed relationships—marriage, in particular—and are ready to take on the complex challenges of being parents.²⁰⁻²³ But many children born as the result of unwanted pregnancies are not welcomed into such families.

The majority of children from an unwanted pregnancy are born to women who are either single or cohabiting.¹⁹ This is important because children who are raised in single parent families face a number of challenges. For example, when compared to similar children who grow up with two parents, children in one-parent families are twice as likely to drop out of high school, 2.5 times as likely to become teen mothers, 1.4 times as likely to be both out of school and out of work, and five times more likely to be poor.²¹ Even after adjusting for a variety of relevant social and economic differences, children in single-parent homes have lower grade-point averages, lower college aspirations, and poorer school attendance records. As adults, they also have higher rates of divorce.²¹⁻²³

Moreover, an analysis of data from 1970 to 1996 by National Campaign President Isabel Sawhill shows that virtually all of the increase in child poverty over that period was related to the growth of single-parent families.³¹ In the 1970s, some of this increase was the result of rising divorce rates, but since the early 1980s, virtually all of the increase has been driven by the increased numbers of never-married mothers.³¹

All such data suggest that reducing unwanted pregnancy will increase the proportion of children born into circumstances that better support their growth and development. For example, the National Campaign estimates that preventing unwanted pregnancy has the potential to reduce non-marital child bearing by 26 percent.³²

Increasing the proportion of pregnancies that are wanted and welcomed will reduce the need for abortion.

Although there are many deeply felt and strongly held beliefs nationwide about the proper place of abortion in American life, virtually all of us see value in lessening the need for abortion and would prefer that fewer women have to confront an unwanted pregnancy in the first place. Through primary prevention—that is helping couples avoid unwanted pregnancy—the 1.3 million abortions in America each year can be dramatically decreased.

The National Campaign estimates that eliminating unwanted pregnancies would reduce nonmarital births by just over one quarter (26 percent).³²

Increasing the proportion of pregnancies that are wanted and welcomed will help reduce disparities.

Disparities in unwanted pregnancy are on the rise. A woman below the poverty line is now nearly four times as likely as a woman at or above 200 percent of poverty to have an unintended pregnancy—a complex measure that includes *both* unwanted and mistimed pregnancy. Reflecting this trend, the abortion rate for low income women increased 22 percent between 1994 and 2000.³³ Still, 40 percent of all unintended pregnancies are to women at or above 200 percent of poverty.¹

Increasing the proportion of pregnancies that are wanted and welcomed will help women and men better plan their future.

That an unwanted pregnancy can derail the future plans of individuals is self-evident. For example, an unexpected, unwanted pregnancy can interrupt a young person's education and diminish future job prospects—a scenario that is becoming ever more serious with the increasing demand for a well educated workforce. Reducing the high level of unwanted pregnancy in this country will unquestionably help many teens and adults achieve economic security and more stable relationships, which benefits not only them but also their children and society.

What the American Public Knows and Believes

Public opinion surveys conducted on behalf of the National Campaign by two widely respected communications firms, the Glover Park Group and Public Strategies Inc., make clear that there is broad and deep public support for the goal of reducing the number of unwanted pregnancies. In fact, over two-thirds (69 percent) of the American public believes it is important to reduce the number of unwanted pregnancies in the United States.²⁴

The public also supports several ways to encourage more young adults to increase the proportion of pregnancies that are fully wanted and welcomed by both partners:

- 87 percent support strengthening a culture of *personal responsibility* regarding sex, getting pregnant, and bringing children into the world, as well as strengthening the norm of always practicing family planning when a couple is not ready to have a child.

- 82 percent support *responsible policies* that will increase the use of contraception, particularly by those who cannot afford it and by those at greatest risk for having an unwanted pregnancy.
- 90 percent of the public support the idea of providing *more education* to teens, parents, and young adults in their 20s and 30s that encourages them to take sex, pregnancy and family formation seriously; stresses personal responsibility and respectful relationships; and includes extensive information about contraception.

In this same survey, the most commonly cited reason for reducing unwanted pregnancy was to improve the quality of life for children:

- 24 percent of adults say that the single most important reason for reducing teen and unwanted pregnancy is because children who grow up wanted have a better future.
- 20 percent say it is because more children are likely to grow up living with both a father and a mother.

More generally, the vast majority of Americans believe that young people should complete their education, have the means to raise a child, and be married before becoming pregnant:

- 88 percent of the American public believes that children generally do better when they are raised in two-parent, married families.
- 97 percent believe it is important to have the means to take care of a child without outside assistance before becoming a parent.
- 96 percent believe that finishing ones education before becoming a parent is important.
- 90 percent believe that being married before becoming pregnant is important.

Despite these widely shared sentiments, the *magnitude* of the unwanted pregnancy problem in the United States—and which groups are most at risk—are not well understood. In particular, very few Americans realize that teens are only a small part of the problem. For example:

- Even though less than 20 percent of all abortions are to teens, 4 out of 5 Americans think that the percentage is higher (often much higher).
- 77 percent of Americans assume that teens have the highest number of unplanned pregnancies; in fact, young adults do.
- Only 15 percent of the public knows that unmarried teens are *more likely* than unmarried women in their 20s to have used an effective method of contraception the last time they had sex.

Teens Still Matter. A Lot.

This monograph makes the case that adults, not just teenagers, are having difficulty in overall pregnancy planning. Even so, there are two primary reasons why the nation should continue to focus on teen pregnancy given all its serious consequences.³⁴

Despite a one-third decline in teen pregnancy and birth rates since the early 1990s, the teen pregnancy rate in the United States is *still* the highest among comparable countries. One in three teens becomes pregnant at least once by age 20.³⁵ For some subgroups, the news is even more sobering. For example, 51 percent of Latina teens become pregnant by the time they leave their teen years.³⁶ There is also some evidence to suggest that the progress the nation has made in preventing teen pregnancy and childbearing has begun to slow or, in some cases, to reverse—all of which suggests that the nation's efforts going forward will need to be more intense and creative.

A crisp focus on preventing teen pregnancy and childbearing is also important because the knowledge, attitudes, and behavioral patterns that develop in adolescence strongly affect behavior in the years that follow. In other words, the teen years are a critical place to start to prevent unwanted pregnancy among women of all ages. In our work with teenagers, the National Campaign will continue to encourage teens to delay sexual activity—their best choice—and to practice family planning if they are sexually active.

A Final Note

Unwanted pregnancy among young adults is a complex problem, and getting people to change their behavior is a difficult proposition at best. Even so, we believe this nation can do far better and are optimistic about the chances for success. When the National Campaign began a decade ago, there was a sense that teen pregnancy was an intractable problem and the organization's goal of reducing the teen pregnancy rate by one-third was greeted with great skepticism. Ten years later, the situation has improved dramatically. This progress suggests that *adults* can do a better job, too, and that a higher proportion of all pregnancies can be wanted and welcomed.

If the National Campaign's efforts and those of others lead to less unwanted pregnancy, more young adults will be deliberate, serious and intentional about pregnancy, childbearing, and family formation. In so doing, more children will be welcomed into the world by parents who are ready to provide them with the love, care, and nurture we want for every child in this country. More children will grow up in two-parent, married families or other fully supportive and stable circumstances; there will be less poverty, a lighter tax burden, less stress on families, and stronger communities. And there will be far less need for abortion.

Sources

1. National Campaign to Prevent Teen Pregnancy. National Campaign Special Tabulations of: Chandra, A., Martinez, G.M., Mosher, W.D., Abma, J.C., and Jones, J. (2005). Fertility, family planning, and reproductive health of U.S. women: Data from the 2002 National Survey of Family Growth, *Vital and Health Statistics*, 23(25); Special tabulations of data from Finer and Henshaw (2006). Disparities in Rates of Unintended Pregnancy in the United States, 1994 and 2001, *Perspectives on Sexual and Reproductive Health*, 38(2):90-96; Finer, L., Henshaw, S. (2006). Estimates of U.S. Abortion Incidence 2001-2003. Guttmacher Institute: New York, NY.; and Martin, J.A., Hamilton, B.E., Ventura, S.J., Menacker, F., Park, M. M., and Sutton, P.D. (2002). Births: Final Data for 2001. *National Vital Statistics Reports*, 51(2). . Washington, DC: National Campaign to Prevent Teen Pregnancy, 2007.
2. Guttmacher Institute. U.S. Teenage Pregnancy Statistics National and State Trends and Trends by Race and Ethnicity. New York, NY: Guttmacher Institute, 2006.
3. National Campaign to Prevent Teen Pregnancy. National Campaign Special Tabulations of: Abma, J.C, Chandra, A., Mosher, W.D., Peterson, L., and Piccinino, L. (1997). Fertility, family planning, and reproductive health of U.S. women: Data from the 1995 National Survey of Family Growth, *Vital and Health Statistics*, 23(19). ; Chandra, A., Martinez, G.M., Mosher, W.D., Abma, J.C., and Jones, J. (2005). Fertility, family planning, and reproductive health of U.S. women: Data from the 2002 National Survey of Family Growth, *Vital and Health Statistics*, 23(25).; Finer, L., Henshaw, S. (2006). Estimates of U.S. Abortion Incidence 2001-2003. Guttmacher Institute: New York, NY.; Special tabulations of data from Finer and Henshaw (2006). Disparities in Rates of Unintended Pregnancy in the United States, 1994 and 2001, *Perspectives on Sexual and Reproductive Health*, 38(2):90-96; Martin, J.A., Hamilton, B.E., Ventura, S.J., Menacker, F., Park, M. M., and Sutton, P.D. (2002). Births: Final Data for 2001. *National Vital Statistics Reports*, 51(2).; Special tabulations of *Vital and Health Statistics*, 1994 Natality Data Set, CD-ROM Series 21, Number 4, Issued May 1997.; "Table 1. Total population and female population by age, bridged race and Hispanic origin: United States, 2001" As accessed from *Vital and Health Statistics*, 2001 Natality Data Set, CD-ROM Series 21, Number 15, Reissued September 2003.; and Ventura, S.J., Mosher, W.D., Curtin, S.C., Abma, J.C. and Henshaw, S. (2000). Trends in pregnancies and pregnancy rates by outcome: Estimates for the United States, 1976-96. *Vital Health Statistics*, 21(56).; Washington, DC: National Campaign to Prevent Teen Pregnancy, 2007.
4. Finer L, and Henshaw, S. Estimates of Abortion Incidence 2001-2003. New York: Guttmacher Institute, 2006.
5. Brown SS, and Eisenberg, L., ed. *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*. Washington, DC: National Academy Press, 1995.
6. D'Angelo DV, Gilbert, B.C., Rochat, R., Santelli, J.S., & Herold, J.M. Differences between mistimed and unwanted pregnancies among women who have live births. *Perspectives on Sexual and Reproductive Health* 2002;36(5):192-197.
7. Hummer R, Scmertmann, C.P., Eberstein, I.W., & Kelly, S. Retrospective reports of pregnancy wantedness and birth outcomes in the United States. *Social Science Quarterly* 1995;76(2):402-418
8. Joyce TJ, Kaestner, R., &Korenman, S. The effect of pregnancy intention on child development. *Demography* 2000;37(1):83-94.
9. Kost K, Landry, D.J., and Darroch, J.E. The effects of pregnancy planning status on birth outcomes and infant care. *Family Planning Perspectives* 1998;30(5):223-230.
10. Mohllajee AP, Curtis, K.M., Morrow, B., & Marchbanks, P. Pregnancy intention and its relationship to birth and marital outcomes. *Obstetrics and Gynecology* 2007;109(3):678-686.
11. Pulley LV, Klerman, L.V., Tang, H., & Baker, B.A. The extent of pregnancy mistiming and its association with material characteristics and pregnancy outcomes. *Perspectives on Sexual and Reproductive Health* 2002;34(4):206-211.
12. Dye TD, Wojtowycz, M.A., Aubry, R.A., Quade, J., and Kilburn, H. Unintended Pregnancy and Breast-Feeding Behavior. *American Journal of Public Health* 1997;87:1709-1711.
13. Crissey S. Effect of pregnancy intention on child well-being and development: Combining retrospective reports of attitude and contraceptive use. *Population Research and Policy Review* 2006;24(6):594-615.
14. David HP. Born Unwanted, 35 years later: The Prague study. *Health Matters* 2006;14(27):181-190.
15. Shapiro-Mendoza C, Selwyn, B.J., Smith, D.P., & Sanderson, M. Parental pregnancy intention and early childhood stunting. *International Journal of Epidemiology* 2005;34(2):387-396.
16. Hummer R, Hack, K.A., & Raley, R.K. Retrospective reports of pregnancy wantedness and child well-being in the United States. *Journal of Family Issues* 2004;25(3):404-428.
17. Axinn WG, Barber, J.S., & Thorton, A. The long term impact of childbearing decisions on children's self-esteem. *Demography* 1998;35(4):435-444.

18. Child Trends I. Unpublished analysis of Early Childhood Longitudinal Study Birth Cohort data on pregnancy intention and child health outcomes. 2007.
19. Chandra A, Martinez, G.M., Mosher, W.D., Abma, J.C., & Jones, J. Fertility, Family Planning, and Reproductive Health of U.S. Women: Data From the 2002 National Survey of Family Growth. *Vital and Health Statistics* 2005;23(25).
20. Hymowitz K. Marriage and caste in America. Separate and unequal families in a post-marital age. Chicago, IL: Ivan R. Dee, 2006.
21. McLanahan SS. The Consequences of single Motherhood. *The American Prospect* 1994;18(Summer):48-58.
22. Thomas A, & Sawhill, I. For love and money? The impact of family structure on family income. *Marriage and Child Well-being* 2005;15(2).
23. Zill N, & O'Donnell, K. Child Poverty Rates by Maternal Risk Factors: An Update. Rockville, MD: WESTAT, 2004.
24. Glover Park Group & Public Strategies Inc. Public Opinion and Awareness About Unwanted Pregnancy. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2007.
25. Centers for Disease Control and Prevention. Recommendations to improve preconception health and health care - United States: a report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. *MMWR* 2006;55(RR-6):1-23.
26. Eggleston E, Tsui, A.O., & Kotelchuck, M. Unintended pregnancy and low birth weight in Ecuador. *Social Science & Medicine* 2001 51(7):808-810.
27. Barber JA, Axinn, W.G., & Thornton, A. Unwanted childbearing, health, and mother-child relationships. *Journal of Health and Social Behavior* 1999;40(3):237-257.
28. Ipa JM, Sable, M.R., Porter, N., & Csizmadia, A. Pregnancy acceptance, parenting stress, and toddler attachment in low-income black families. *Journal of Marriage and Family* 2007;69(1):1-13.
29. Rosengard C, Pollock, L., Weitzen, S., Meers, A., & Phipps, M.G. Concepts of the advantages and disadvantages of teenage childbearing among pregnant adolescents: a qualitative analysis. *Pediatrics* 2006;118(2):206-211.
30. Zuravin SJ. Unplanned childbearing and family size: Their relationship to child neglect and abuse. *Family Planning Perspectives* 1991;23(4):155-161.
31. Sawhill IV. Teen pregnancy prevention: Welfare reform's missing component. *Brookings Policy Brief* 1998;38. Washington, DC.
32. National Campaign to Prevent Teen Pregnancy. Special tabulations of: Chandra, A., Martinez, G.M., Mosher, W.D., Abma, J.C., and Jones, J. (2005). Fertility, family planning, and reproductive health of U.S. women: Data from the 2002 National Survey of Family Growth, *Vital and Health Statistics*, 23(25); and Natality Data Set, NCHS CD-Rom series 21, no's 11-17. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2007.
33. Boonstra H, Benson Gold, R., Richards, C.L., & Finer, L.B. *Abortion in Women's Lives*. New York: Guttmacher Institute, 2006.
34. National Campaign to Prevent Teen Pregnancy. *Why It Matters: Linking Teen Pregnancy Prevention to Other Critical Social Issues*. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2007.
35. National Campaign to Prevent Teen Pregnancy. *How is the 3 in 10 Statistic Calculated?* Washington, DC: Author, 2006.
36. Vexler E, and Suellentrop, K. *Bridging Two Worlds: How Teen Pregnancy Prevention Programs Can Better Serve Latino Youth*. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2005.

For more information, visit us online:

TheNationalCampaign.org

StayTeen.org

Teenpregnancy.org

THE NATIONAL CAMPAIGN

ADVISORY GROUPS

Over the years the National Campaign has benefited in countless ways from the wisdom and advice of the many individuals who have served on our various advisory groups. Listed below, are the names of those who serve on the National Campaign's Congressional Advisory Panels as well as the leaders of our existing advisory groups:

Senate Advisory Panel

Co-Chairs

Senator Joseph I. Lieberman (D-CT)
Senator Olympia J. Snowe (R-ME)

Members

Senator Lamar Alexander (R-TN)
Senator Christopher S. Bond (R-MO)
Senator Susan M. Collins (R-ME)
Senator Kent Conrad (D-ND)
Senator Richard J. Durbin (D-IL)
Senator Jon Kyl (R-AZ)
Senator Herb Kohl (D-WI)
Senator Mary L. Landrieu (D-LA)
Senator Patty Murray (D-WA)
Senator Harry Reid (D-NV)
Senator Gordon H. Smith (R-OR)

House Advisory Panel

Co-Chairs

Representative Michael Castle (R-DE)
Representative Nita Lowey (D-NY)

Vice Chairs

Vacant
Representative Hilda L. Solis (D-CA)

Members

Representative Judy Biggert (R-IL)
Representative Dave Camp (R-MI)
Representative Shelley Moore Capito (R-WV)
Representative Lois Capps (D-CA)
Representative Luis Fortuño (R-PR)
Representative Jane Harman (D-CA)
Representative Sheila Jackson Lee (D-TX)
Representative John Lewis (D-GA)
Representative Jim Moran (D-VA)
Representative Deborah Pryce (R-OH)
Representative David Reichert (R-WA)
Representative Lucille Roybal-Allard (D-CA)
Representative Chris Shays (R-CT)
Representative Ed Towns (D-NY)
Representative Fred Upton (R-MI)

Media Advisory Group

Chair: Jody Greenstone Miller, Venture Partner, MAVERON, LLC

Vice-Chair: Ann S. Moore, Chairman and CEO, Time, Inc.

Latino Initiative Advisory Group

Chair: Daisy Expósito-Ulla, Chairman and CEO, d expósito & partners

Personal Responsibility, Religion, and Values Advisory Group

Chair: William Galston, Ph.D. Senior Fellow, Governance Studies, The Brookings Institution

Vice-Chair: Vivian Berryhill, President and Founder, National Coalition of Pastors' Spouses

Public Policy Advisory Group

Co-Chair: Judith Feder, Ph.D. Professor and Dean, Georgetown Public Policy Institute, Georgetown University

Co-Chair: Ron Haskins, Ph.D. Senior Fellow, Economic Studies and Co-Director, Center for Children and Families, The Brookings Institution; Senior Consultant, The Annie. E. Casey Foundation

Research Advisory Group

Chair: Matthew Stagner, Ph.D., Executive Director, Chapin Hall Center for Children

State and Local Action Advisory Group

Chair: Kimberlydawn Wisdom, M.D., Surgeon General, State of Michigan; Vice President, Community Health, Education, and Wellness, Henry Ford Health System



Our Mission: To promote values, behavior and policies that reduce both teen pregnancy and unwanted pregnancy among young adults. By increasing the proportion of children born into welcoming, intact families who are prepared to take on the demanding task of raising the next generation, our efforts will improve the well-being of children and strengthen the nation.

Our Goal: The National Campaign's goal is to reduce the teen pregnancy rate by one-third between 2006 and 2015. A second, separate goal addressing unwanted pregnancy among young adults will be announced in the upcoming months.

Responsible Behavior. Responsible Policies.

The National Campaign
1776 Massachusetts Avenue, NW
Suite 200
Washington, DC 20036
(202) 478-8500

TheNationalCampaign.org | StayTeen.org | Teenpregnancy.org