

# RESEARCH



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## A New Vision for Adolescent Sexual and Reproductive Health

by John S. Santelli and Amy T. Schalet

Despite considerable declines in U.S. teen fertility since 1991, birth and pregnancy rates among American teens remain considerably higher than rates among European youth. The differences between American teens and Dutch teens are particularly striking: In 2007, teenagers in the United States were eight times more likely to give birth than teenagers in the Netherlands (Garsen, 2008; Hamilton, Martin, & Ventura, 2009). Compared to teens in the Netherlands, why are teen women in the U.S. so much more likely to become teen mothers? Understanding the historical and cultural context of these two nations is helpful in imagining more effective solutions to reducing teen pregnancy in the United States.

*Compared to teens in the Netherlands, why are teen women in the U.S. so much more likely to become teen mothers?*

One reason that European youth are less likely to have unintended pregnancies than their American peers is that they have access to better socioeconomic, health care, and educational resources. Remarkably, the factors that increase and decrease the likelihood of teen childbearing are quite similar across nations and cultures. Key factors associated with teen fertility (Figure 1) include poverty, parental educational attainment, family structure and functioning, community and peer influences, access to education and success in school, pubertal timing, resiliency and connectedness to family and community, involvement in risk behaviors such as alcohol and other drug use, and having experienced sexual coercion and abuse (Blum & Mmari, 2006; Kirby, Laris, & Roller, 2006). For example, young women growing up in poor families are more likely to become teen mothers; poverty is also associated with earlier initiation of intercourse and lower use of contraception. Since fewer young people experience intense and extended poverty in Western Europe than do young people in the United States, fewer Western European youth grow up under the socioeconomic conditions that



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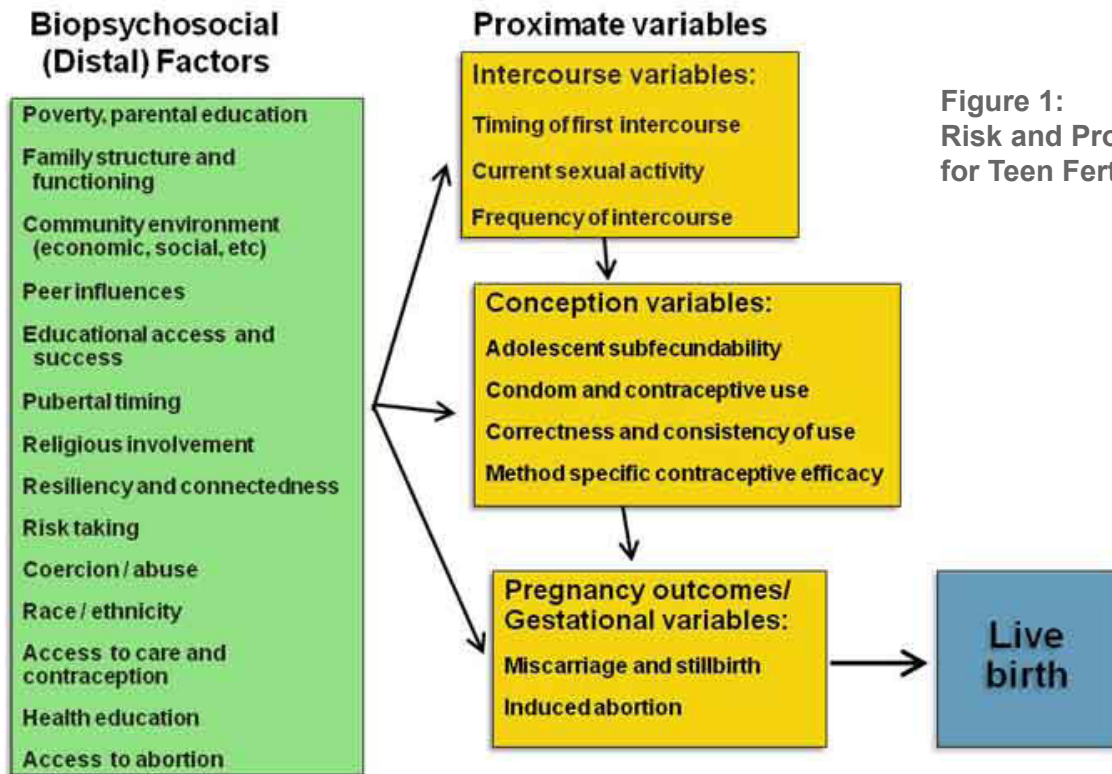


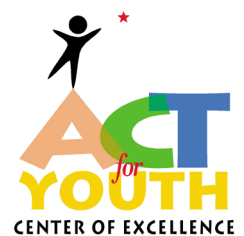
Figure 1:  
Risk and Protective Factors  
for Teen Fertility

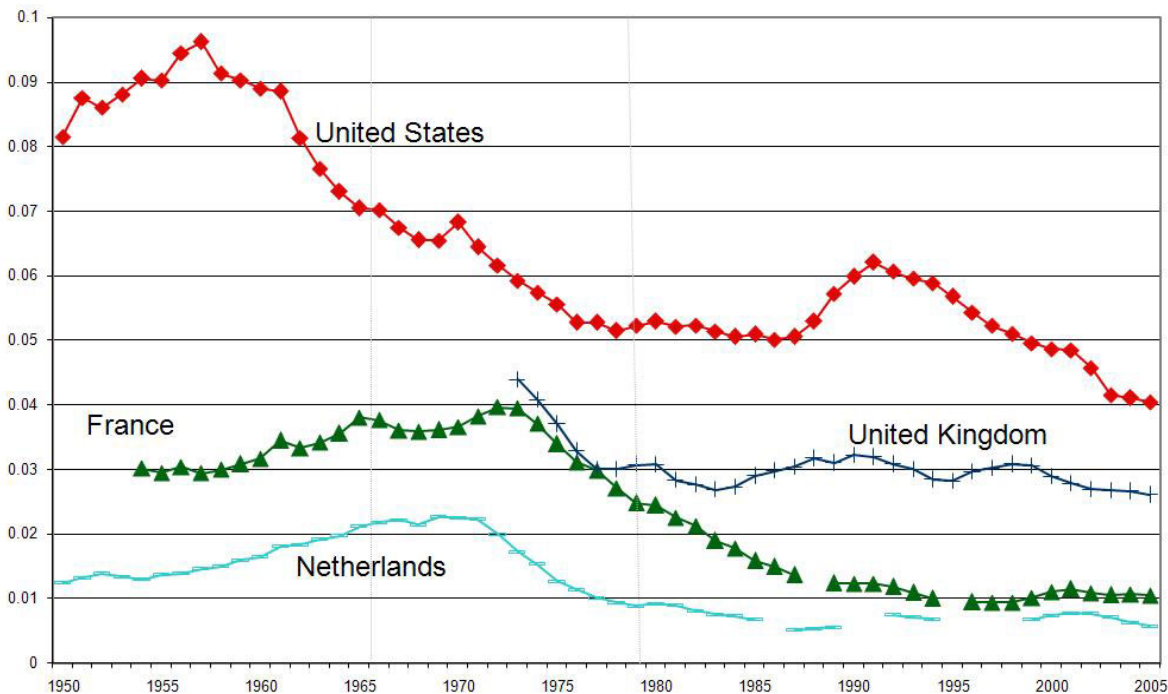
are conducive to unintended pregnancy and child bearing. Of course, teen fertility is also directly influenced by cultural attitudes that influence teen sexual behavior, use of contraception, and use of abortion.

An important reason that European youth have better sexual health outcomes is that adults approach teenage sexuality differently than do adults in the United States. The Netherlands is a case in point: prior to the sexual revolution, sex outside of marriage met with strong disapproval. When the sexual behavior of young people changed in the decades that followed, Dutch parents and health care providers came to see sexual intercourse as an acceptable part of adolescent development, as long as youth were using contraceptives responsibly and involved in healthy relationships. Health care providers, policy makers, educators, and members of the media facilitated a normalization of adolescent sexuality by ensuring that young people had access to reliable contraception and by providing different public forums for the discussion of sexuality and relationships (Jones et al., 1986; Ketting & Visser, 1994). This normalization of adolescent sexuality and of adolescent contraceptive use in the Netherlands can help point researchers, practitioners, and policy makers toward steps that should be taken in the United States to reduce some of the problems associated with adolescent sexuality, including unintended pregnancy.

## Comparison of U.S. and European Fertility

Teen fertility in the U.S. and elsewhere declined during the early 20th century, and rose after WWII. After peaking in the 1950s, teen birth rates declined throughout the 1960s, 1970s, and early 1980s (Figure 2). Teen birth rates in Western Europe peaked later



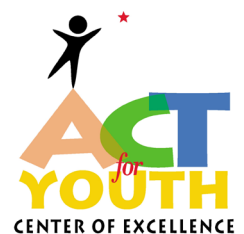


**Figure 2:**  
Teen Birth Rates,  
Developed Nations  
1950-2005

(circa 1970) and then dropped more rapidly (Teitler, 2009). Teen fertility in certain English speaking countries including the U.S., Canada, Britain, New Zealand, and Ireland again increased in the 1980s or 1990s. Teen birth rates in the U.S., which were already much higher than those in other countries, rose 24% from 1986 to 1991 (Ventura, Matthews, & Hamilton, 2001). This increase has not been fully explained but may be the result of increasing sexual activity and changes in teen contraceptive use, including a shift from the pill to less reliable methods such as condoms.

After considerable declines in teen birth and pregnancy rates between 1991 and 2005, teen birth rates in the U.S. rose unexpectedly in 2006 and 2007 to 42.5 births per 1,000 teenage girls in 2007 (Hamilton, Martin, & Ventura, 2009). While social forces such as poverty are critical in shaping adolescent reproductive choices, these forces do not explain rapid changes in birth rates since 1991. Shifts in public policy related to HIV prevention and sexuality education may have played a critical role in influencing the risk of teen pregnancy (Santelli, Orr, Lindberg, & Diaz, 2009).

Among non-Anglophone countries in Western Europe, teen birth rates declined more steadily, reaching very low rates of teen fertility recently (< 10 births per 1,000 women 15-19 years). After rising during the 1950s and 1960s, teenage fertility in the Netherlands dropped from 23 births per 1,000 girls in 1969 to 5.2 births per 1,000 girls in 2007 (Garssen, 2008; Ketting, 1983). By the mid-1990s, the teen birth rate had declined to a quarter of what it was in the late 1960s, mainly due to a marked improvement in contraceptive use. During this period pregnancy rates declined, even as sexual activity increased among Dutch teenagers (Ketting & Visser, 1994). Today, in addition to one of the world's lowest teen fertility rates, the Netherlands has one of the lowest teen abortion rates in the developed world (Garssen, 2008). While Dutch teenagers who are over 15 may consent to confidential and free abortions, the main reason for their low fertility rate is their effective use of reliable contraception. Contraception has been promoted in Dutch public policy, health care, and sex education in schools and at home.



## Comparison of U.S. and European Sexual Behaviors and Contraceptive Use

Across the developed world, teenage sexual behavior has been influenced by a series of dramatic historical events. In the United States, these include the approval by FDA of the birth control pill and IUD in 1960, the sexual revolution in the mid-1960s, creation of the federal family planning program (Title X) in the late 1960s, the Supreme Court's legalization of abortion in 1972, the pandemic of HIV/AIDS, federal support for HIV education and later abstinence-only education, and the development of new contraceptive technologies (e.g., Depo-Provera, emergency contraception) since 1990. These historical events have profoundly influenced the context of adolescent social life and adolescent sexual and reproductive health. Changes in sexual behaviors include an earlier age at initiation of sexual intercourse and dramatic shifts in contraceptive use.

The most prominent behavioral change in contraceptive use among U.S. teens since the 1980s has been the dramatic increase in the use of condoms. An

***Contraception has been promoted in Dutch public policy, health care, and sex education in schools and at home.***

obvious explanation for this behavior change is the HIV pandemic and subsequent array of prevention programs directed to teens and young adults. Our recent study found that swings in contraceptive use, particularly condom use, explained much of the recent decline in teen fertility (1991-2005) and much of the increase between 2005 and 2007 (Santelli, Orr, Lindberg, & Diaz, 2009).

Recent shifts in sexuality education towards abstinence education provide part of the explanation for deterioration of contraceptive use after 2003 and the rise in birth rates after 2005.

European nations experienced similar patterns toward earlier initiation of sexual intercourse among adolescents since the 1950s (Teitler, 2002). The median age at first sexual intercourse today is relatively similar across developed nations and across gender at around age 17. In Europe, age at first intercourse among rich and poor teens has also become similar. Today, despite similar rates of sexual involvement, European teens are more likely than U.S. teens to use contraception and to use more effective contraceptive methods, resulting in much lower pregnancy rates (Santelli, Sandfort, & Orr, 2008). While rates of condom use among teens in the U.S. and Europe are similar, teens in Europe are much more likely to use hormonal methods. Sixty-one percent of 15-year-old sexually active females in the Netherlands in 2006/2007 report using the birth control pill at last sex, compared to just 11% of sexually active 15-year-old females in the U.S.

There are several reasons that teenagers in the Netherlands are more likely to use contraception and to use more effective methods than are their American peers. As noted, they are less likely to be poor and they have greater access to sexual and reproductive health care services. Dutch policy makers and health care providers, most notably family physicians,



have made a deliberate effort to make contraception easily accessible to young people (Ketting & Visser, 1994). But while having access to the necessary resources and services is vital for adolescent sexual health, to understand why youth in the Netherlands use contraceptives effectively we must look at how adults, both at home and in other social institutions such as health care and education, conceptualize and approach adolescent sexuality.

## Dutch and U.S. Parents and Teenagers

A qualitative interview study (Schalet, 2000; Schalet, 2004), conducted between 1991 and 2000 with parents and teenagers in the United States and the Netherlands, found striking differences between the two countries: While the U.S. parents “dramatized” teenage sexuality—highlighted the dangers, conflicts, and the difficulties of becoming sexually active as a teenager—the Dutch “normalized” sexuality—viewing it as a normal part of adolescent development. American parents often described teenage sexuality in terms of difficult-to-control individual “raging hormones” and antagonistic relationships between boys and girls. Dutch parents, however, saw teenagers as capable of self-regulation, evidenced by young people’s recognition of their own readiness for sexual activity, use of contraception, and having sex in the context of steady and emotionally healthy romantic relationships.

Parents also approached teenage sexuality very differently at home. The majority of U.S. parents interviewed opposed giving young people the opportunity to have sex. Dutch parents, on the other hand, counseled teenagers to move slowly and exercise caution, but most reported they would permit 16- and 17-year-old teenagers in steady relationships to spend the night with their boy- or girlfriends at home.

While permitting a teenage couple to spend the night together may seem like extreme parental laxity to parents in the United States, Dutch parents continue to exert a great deal of control over the terms of the sleepover. Most parents interviewed said they would permit a sleepover only when they saw that adolescents felt ready, were using contraceptives, and related in healthy and loving ways. By normalizing adolescent sexuality within distinct parameters, Dutch parents are able to maintain a connection with their adolescent children as they develop their sexual identities. (Several Dutch parents spontaneously mentioned that their child might prefer a same-sex partner.) Thus, Dutch parents can encourage their adolescent children to stay true to their own sense of readiness, can urge caution and contraceptive use, and are able to monitor the nature of their children’s romantic relationships. In fact, one reason that the Dutch parents cite for permitting the sleepover is a desire to stay connected to their children and prevent secrets which could interfere with open communication. By contrast, the dramatization of adolescent sexuality in American society instills fear of teenage sexuality among parents and teenagers, but gives them few tools to create an empowered sexual development.

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## A New Vision for Adolescent Sexuality in the U.S.

Success in reducing teen pregnancy in the U.S. will require efforts at the local, state, and national levels, including promotion of contraceptive use, effective sex education in schools, and increased access to a range of reliable contraceptive methods. It also requires a shift in adult thinking about sexual behavior from dramatization of adolescent sexuality to promotion of responsible sexual development. The U.S. could learn much about reducing teen fertility by examining the success of Western European countries, particularly the Netherlands. The U.S. cannot expect to reduce teen fertility to European levels without fundamental changes in adult social norms regarding access to health information and to reproductive health services.

Normalizing adolescent sexuality in the context of American society and culture means conceiving and discussing sexuality as part of normal adolescent development for which young people must develop the necessary psychological and interpersonal skills. Developing such skills would be facilitated by viewing adolescent sexuality as a continuum along which young people move as their personal maturity and interpersonal relationships permit. Adults play a vital role in aiding youth to develop these skills. Rather than instill fear of sexual activity, which may undermine the capacity to navigate sexual encounters in healthy ways, young people should be encouraged to recognize and communicate their desires and boundaries, and to plan effectively for sexual intercourse. The normalization of adolescent sexuality would empower youth to engage in responsible sexual behavior and make it easier for adults to aid them in these developmental tasks.★

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### References

- Blum, R., & Mmari, K. (2006). *Risk and protective factors affecting adolescent reproductive health in developing countries*. Geneva: World Health Organization.
- Garssen, J. (2008). *Sterke daling geboortecijfer niet-westers allochtone tieners*. Retrieved from Centraal Bureau voor de Statistiek website: <http://www.cbs.nl/NR/rdonlyres/96EC6FC2-CB10-4D43-9F45-9DF241078E39/0/2008k4b15p14art.pdf>
- Hamilton, B. E., Martin, J. A., Ventura, S. J. (2009). Births: Preliminary data for 2007. *National Vital Statistics Report* 57(12), 1-23. Retrieved from National Center for Health Statistics website: [http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57\\_12.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf)
- Jones, E., Forrest, J. D., Goldman, N., Henshaw, S., Lincoln, R., Rossoff, J. I., Westoff, C. F., & Wulf, D. (1986). *Teenage pregnancy in industrialized countries*. New Haven: Yale University Press.



- Ketting, E. (1983). Contraception and fertility in the Netherlands. *Family Planning Perspectives* 15, 19-25.
- Ketting, E., & Visser, A. P. (1994). Contraception in the Netherlands: The low abortion rate explained. *Patient Education and Counseling* 23, 161-171.
- Kirby, D., Laris, B., & Roller, L. (2006). The impact of sex and HIV education programs in schools and communities on sexual behaviors among young adults. Retrieved from Family Health International website: <http://www.fhi.org/NR/rdonlyres/e2saa3gkcwbr422uoeyiitlrre6pd62cyh63x7rmw7xaibtzbt2zvvoxp4sb7oxmq7hugymp722f5n/KirbyFinallongreportv251.pdf>
- Santelli, J., Sandfort, T., & Orr, M. (2008). Transnational comparisons of adolescent contraceptive use: What can we learn from these comparisons? *Archives of Pediatric and Adolescent Medicine* 162, 92-94.
- Santelli, J. S., Orr, M., Lindberg, L. D., & Diaz, D. C. (2009). Changing behavioral risk for pregnancy among high school students in the United States, 1991-2007. *Journal of Adolescent Health* 49, 25-32.
- Schalet, A. T. (2000). Raging hormones, regulated love: Adolescent sexuality and the constitution of the modern individual in the United States and the Netherlands. *Body & Society* 6(1), 75-105. doi: 10.1177/1357034X00006001006
- Schalet, A. (2004). Must we fear adolescent sexuality? *Medscape General Medicine* 6(4). Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1480590/>
- Teitler, J. O. (2002). Trends in youth sexual initiation and fertility in developed countries: 1960-1995. *The Annals of the American Academy of Political and Social Science* 580, 134-152.
- Teitler, J. O. (2009, May). *Explaining trends and cross-national differences in teen birth rates in developed countries*. Paper presented at the 2009 Annual Meeting of the Population Association of America, Detroit, MI.
- Ventura, S. J., Matthews, T. J., & Hamilton, B. E. (2001). Births to teenagers in the United States, 1940-2000. *National Vital Statistics Reports* 49(10), 1-23.



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