

The Association Between Access to Healthcare and Pregnancy in Teens



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Introduction

- From 1994 to 2001, unintended pregnancy rates increased in poorer and uneducated women (Finer & Henshaw, 2006). Due to the U.S. government funding policies for health care, wealth and financial status is a greater deterrent from accessing health care for American adolescents compared to those in the UK (Hocklong, 2003).
- Following the AIDS epidemic in the 1980's, formal sexual education was implemented in public school systems and lead to a decline in teen pregnancy. But the U.S. remains as one the leading nations for teen pregnancy and STI transmission (Stanger-Hall, 2011).
- There is limited research that studies a correlation between access to healthcare and pregnancy in teens. Most research in this subject studies sexual education in schools and pregnancy rates in teen demographics.
- Studying the relationship with financially-determined access to certain resources may reveal why some demographics are more susceptible to experiencing unwanted, teen pregnancy.

Methods

Sample

- Adolescents (ages 11-18, n=629) were drawn from the AddHealth Wave 1 Questionnaire.
- AddHealth is a survey representing students in grades 7-12 and provides information on the sample including sexual health, education, financial status, and more.

Measures

- Age was subsetting to between 11 and 18 to focus on teens and gender was refined only to female respondents.
- Ability of the adolescent to access healthcare was categorized as very easy, somewhat easy, somewhat hard, and very hard.
- The occurrence of pregnancy was reported and was subsetting to those who have been pregnant or not.
- Household income was also reported and refined into subsets.

Research Questions

- Is there a relationship between access to healthcare and pregnancy in teenagers?
- Does the association between healthcare access and pregnancy vary for individuals with different household incomes?

Results

Univariate

- 14.5% of adolescents aged 11-18 in the sample have experienced pregnancy.
- 61% of the sample reported to having "very easy" access to healthcare while 6.6% reported to having "very hard" access to healthcare.

Bivariate

- Chi-Square analysis revealed that among teenagers, **those with "very hard" access to healthcare were more likely to have experienced pregnancy in their lifetime (26.09%) compared to those with "very easy" access to healthcare (11.75%)** ($\chi^2=14.758$, 3 df, $p=0.002036$.)
- As expected, access to healthcare was **significantly associated** with teen pregnancy. Pregnancy proportions are seen in Figures 1 and 3.
- Those with "somewhat hard" access to healthcare have an expected odds of pregnancy that is 2.5 times higher than those with "very easy" access to healthcare.
- Those with "very hard" access to healthcare have an expected odds of pregnancy that is 2.6 times higher than those with "very easy" access to healthcare.

Multivariate

- Healthcare access is not significantly associated with teen pregnancy after controlling for household income. See Figure 2.
- Annual household income of greater than \$60,000 is significantly associated with a decreased likelihood in teen pregnancy compared to individuals with an annual household income of less than \$22,000.

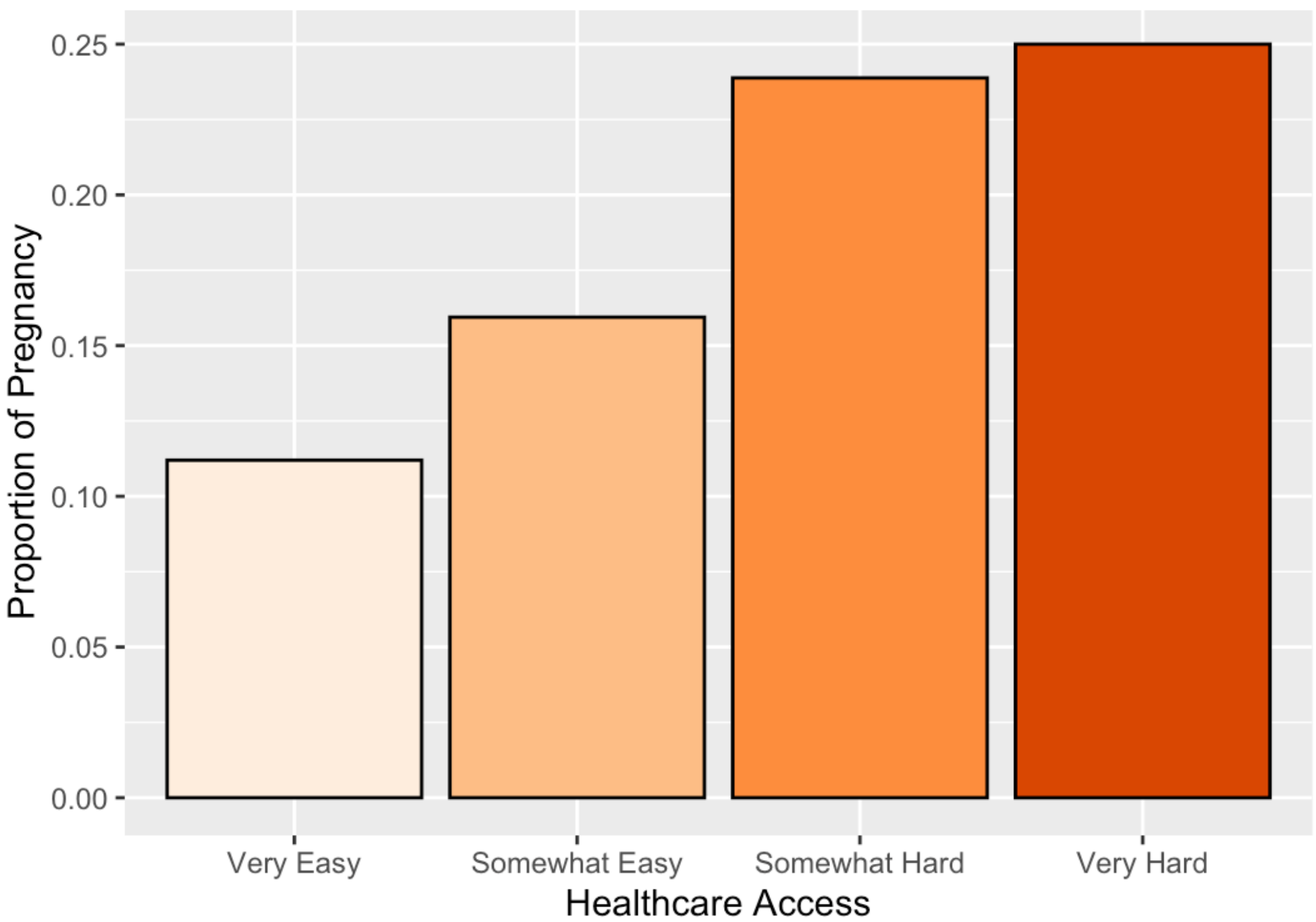


Figure 1. Healthcare Access and Proportion of Pregnancy in Female Teenagers

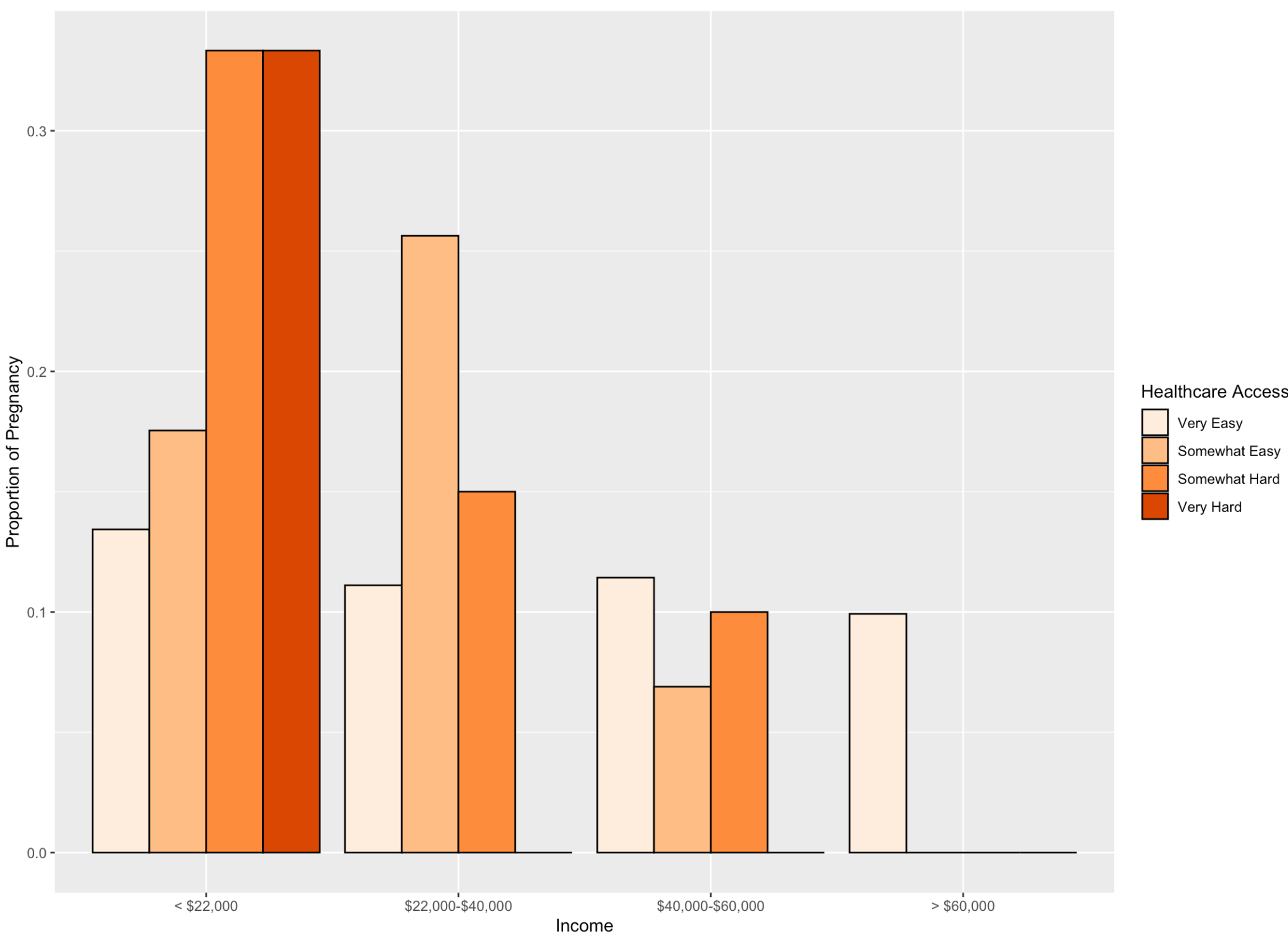


Figure 2: Association between Household Income and Pregnancy in Teens with Varying Access to Healthcare

Multivariate (continued)

- Annual household income between \$40,000 and \$60,000 is significantly associated with a decreased likelihood in teen pregnancy compared to individuals with an annual household income of less than \$22,000.

Discussion

- Individuals with a lower ability to access healthcare may be more susceptible to teen pregnancy than those with easier access to healthcare.
- Individuals with higher annual, household incomes have a decreased likelihood in experiencing teen pregnancy than those with lower annual, household incomes.
- This research was conducted based on responses of teenagers that experienced pregnancy but was not specific to those who experienced an unplanned or unwanted pregnancy due to limited data.
- Further research is needed to determine whether the likelihood of experiencing teen pregnancy is dependent on financial reasons or resource accessibility.

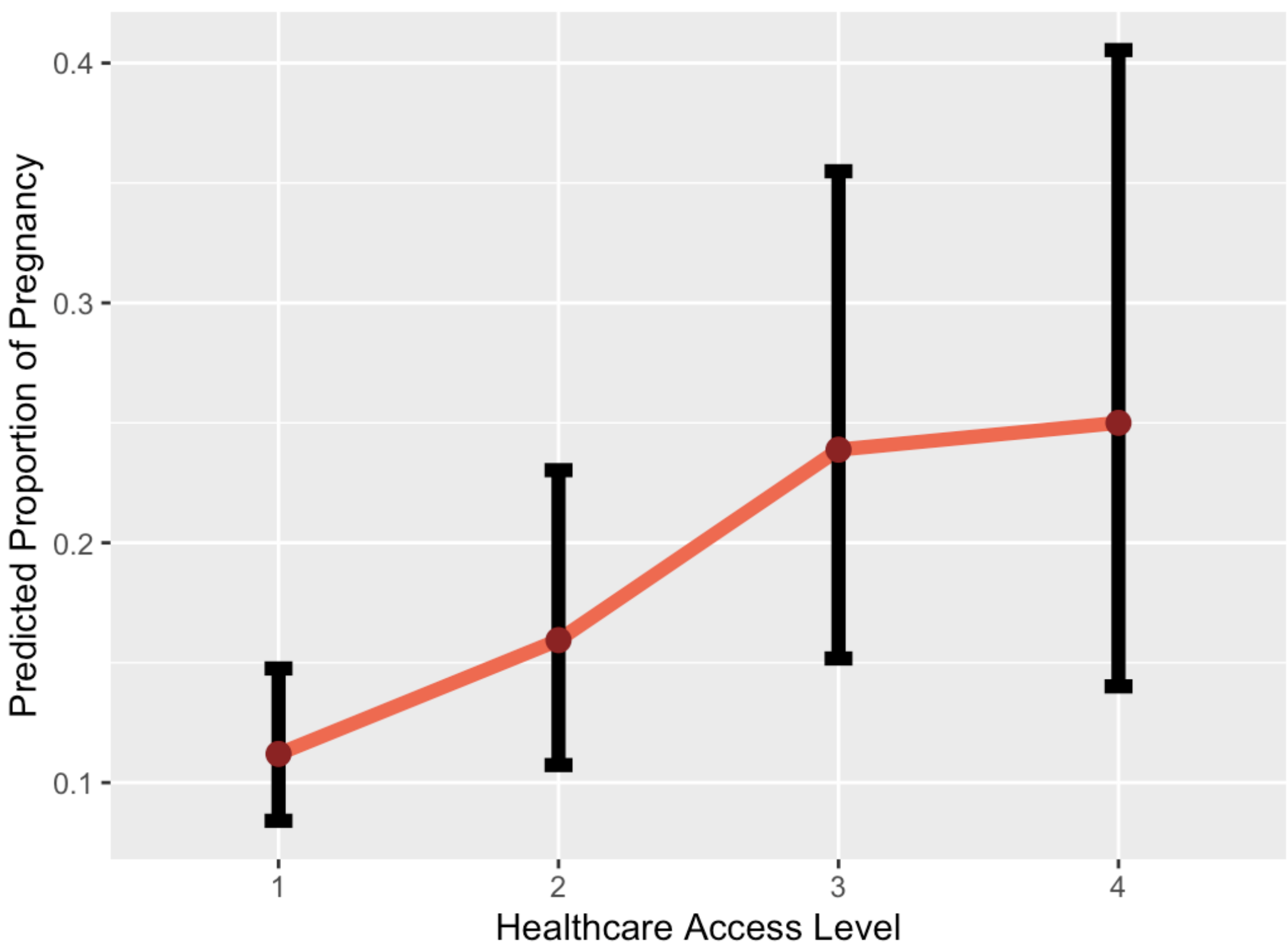


Figure 3: Predicted Proportion of Pregnancy among Teens of varying Healthcare Access Levels

Finer, L. B., & Henshaw, S. K. (2006). Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspect Sex Reprod Health*, 38(2), 90-96. <https://doi.org/10.1363/psrh.38.090.06>

Hock-Long, L., Herceg-Baron, R., Cassidy, A. M., & Whittaker, P. G. (2003). Access to adolescent reproductive health services: financial and structural barriers to care. *Perspect Sex Reprod Health*, 35(3), 144-147. <https://www.ncbi.nlm.nih.gov/pubmed/12866788>

Stanger-Hall, K. F., & Hall, D. W. (2011). Abstinence-only education and teen pregnancy rates: why we need comprehensive sex education in the U.S. *PLoS One*, 6(10), e24658. <https://doi.org/10.1371/journal.pone.0024658>