

# Teenage pregnancy

Heather Dryburgh

## Abstract

### Objectives

This article examines trends in teenage pregnancy in Canada, focussing on induced abortions, live births and fetal loss among women aged 15 to 19 in 1997.

### Data sources

The data come from the Hospital Morbidity Data Base and the Canadian Vital Statistics Data Base at Statistics Canada, and the annual Therapeutic Abortion Survey, conducted by the Canadian Institute for Health Information. Data on abortions performed on Canadian residents in the United States are from an annual survey of selected states. International data are from the Alan Guttmacher Institute.

### Analytical techniques

Pregnancy rates, abortion rates, live birth rates and fetal loss rates are calculated using population counts of women in the age groups 15 to 17, 18 to 19, and 15 to 19. The percentages of pregnancies that ended in the three outcomes are also calculated for these years.

### Main results

The teenage pregnancy rate declined from 1994 to 1997, reflecting lower teenage birth and fetal loss rates. Through this period the abortion rate remained stable, with the result that slightly more than half of all teenage pregnancies ended in abortion by 1997. Younger teens are more likely to have an abortion than to give birth. The majority of pregnancies among older teens end in a live birth, although the number of live births is decreasing.

### Key words

pregnancy in adolescence, pregnancy outcome, abortion, miscarriage

### Author

Heather Dryburgh (613-951-6276; heather.dryburgh@statcan.ca) is with the Housing, Family and Social Statistics Division at Statistics Canada, Ottawa, Ontario, K1A 0T6.

During the last quarter century, there has been an overall decline in the teenage pregnancy rate in Canada, perhaps reflecting the availability of contraceptives, and the increased awareness of the risks of unprotected sex brought about by the AIDS epidemic.<sup>1</sup> Nevertheless, in 1997, an estimated 19,724 women aged 15 to 19 gave birth, and a slightly larger number in this age range—21,233—had an abortion.

The social stigma that once attended out-of-wedlock pregnancy may have diminished; however, the risks of serious health consequences remain for babies born to mothers still in their teens. Children of teenagers are more likely to have low birth weights, and to suffer the associated health problems.<sup>2</sup>

Pregnant teens themselves are also at greater risk of health problems, including, for example, anemia, hypertension, renal disease, eclampsia and depressive disorders.<sup>3,4</sup> As well, teenagers who engage in unprotected sex are putting their own health at risk of sexually transmitted infections.<sup>1</sup>

## Methods

### Data sources

Live births and stillbirths are from the Vital Statistics Data Base, a virtually complete count of all vital statistics in Canada. This data base contains information collected from the vital statistics registry in each province and territory.

Since 1995, the Canadian Institute for Health Information (CIHI) has collected data on induced abortions (the Therapeutic Abortion Survey), which are forwarded to the Health Statistics Division at Statistics Canada for processing and analysis. Before 1995, Statistics Canada collected these data.

Induced abortion data used in this article include all reported abortions performed on Canadian residents in hospitals and clinics in Canada.

Each province reports counts of all abortions performed in its hospitals. Except for British Columbia and Québec, these provincial reports provide detailed information, such as age, province of residence, gestation period, marital status, and previous induced abortions. British Columbia provides only aggregate counts of abortions by procedure and age group. Québec provides detailed information on some cases and aggregate counts for others.

Detailed abortion clinic data are reported by the provincial health ministries in Ontario and Alberta. Clinic abortions in Québec and British Columbia are reported as aggregate counts by their respective health ministries. British Columbia clinics also report abortion counts directly to CIHI. All other abortion clinics are surveyed separately and report aggregate counts of abortions by the patient's province of residence.

Since abortion facilities are not available in Prince Edward Island, that province does not report abortions. Data for Prince Edward Island refer to residents who had an abortion outside the province.

Although not all provinces provide detailed information on abortion cases, the count of abortions and the province of residence of the patient are reliably reported, except for some cases in British Columbia and Québec. Based on an analysis of 1992 detailed abortion data for these two provinces, all cases where the province of residence was not provided were considered to be residents of the reporting province.

Miscarriage counts are taken from the Hospital Morbidity Data Base. This data base of hospital separation records from Canadian hospitals provides a count of cases discharged with a diagnosis of spontaneous or other unspecified abortion.

Historical data are from published reports.<sup>5-7</sup>

The population counts used to calculate rates were provided by Statistics Canada's Demography Division. The counts used were July-adjusted population estimates.

All of these data are available for ages 15 to 19, for the province of residence of the women.

American and other international data are from the Alan Guttmacher Institute and include estimated miscarriage numbers.

This article focusses on recent trends in pregnancy outcomes. (See also *Teenage pregnancies, 1974 to 1994* in Volume 9, Number 3 of *Health Reports*.<sup>7</sup>)

### Analytical techniques

The number of pregnancies is calculated by summing live births, induced abortions, stillbirths, and known miscarriages. Pregnancy rates, abortion rates and fetal loss rates are calculated using population counts of women aged 15 to 17, 18 to 19, and 15 to 19.

The percentages of pregnancies that ended in a live birth, abortion or fetal loss were also calculated.

### Limitations

Teenage pregnancy rates in this article may be underestimated because there is no way of knowing the total number of miscarriages. Not all women who miscarry require medical attention, and those who do are frequently treated in outpatient settings and thus are not included in the Hospital Morbidity Data Base (see *Estimating miscarriages*).

Pregnancies are counted at the time of termination of pregnancy, not conception. Therefore, the few women who became pregnant at age 14, but whose pregnancy did not end until they were 15, are included, but the larger number of 19-year-olds whose pregnancy ended at age 20 are not included.

The patient's age was not reported for all abortions in all provinces. When age was not reported for abortions in the years 1995 to 1997, the provincial distribution of cases for which age was known was applied. Because Prince Edward Island does not report abortions, and age is known for only a small proportion of Prince Edward Island residents who obtain abortions elsewhere, the Canadian age distribution of abortion recipients was applied to Prince Edward Island residents for whom age was not reported.

The method used to impute ages for data before 1995 may be slightly different. These differences are not substantial enough to change the overall trends.

For live births registered in Newfoundland between 1974 and 1985, vital statistics data did not include the age of the mother. It was assumed that the age distribution of women at the time of birth approximates that of women who had hospital deliveries in the province in a given year.

Abortion data vary in detail by province, and by whether the data are reported for hospitals or clinics. As well, there is a small potential overlap between abortions and stillbirths. Some stillbirths are reported with abortion as the cause of death. It is unclear whether these cases are also reported to the Therapeutic Abortion Survey. It is more likely, however, that abortions are slightly undercounted, since a small number are now performed in physicians' offices and are not currently included in the total abortion count for each province. Nonetheless, these numbers would not have been substantial in the 1995-to-1997 period.

Detailed characteristics of women having abortions, such as marital status, gestation period and previous deliveries, are not reported by all provinces or by all clinics.

Abortions performed on Canadian residents in the United States are reported to a yearly CIHI survey of selected states (Connecticut, Hawaii, Idaho, Maine, Michigan, Minnesota, Montana, New Mexico, New York, North and South Dakota, Oregon, Vermont, and Washington). The number of Canadian residents who obtained abortions in other states is not known. Because abortions performed on Canadian residents in the reporting states are relatively few and decrease each year, they are not included in the calculations for 1995 to 1997. Before 1995, US figures were included in the totals only, but because of the small number, excluding them in the 1995-to-1997 period does not affect trends. Their inclusion would increase the teenage pregnancy rate by only 0.1 pregnancy per 1,000 women aged 15 to 19 in 1995 (0.06 per 1,000 in both 1996 and 1997).

Teenage pregnancy also has economic consequences. Childbearing may curtail education and thereby reduce a young woman's employment prospects in a job market that requires ever higher levels of training.<sup>8,9</sup> In addition, recessions in the early 1980s and 1990s meant that to maintain an adequate standard of living, dual earning became the norm in many Canadian households.<sup>10</sup> But teenagers who give birth, particularly at ages 15 to 17, are likely to be single. Consequently, most teenage mothers lack a partner to contribute to the household income.<sup>3</sup>

This article focusses on recent trends in pregnancy rates and outcomes (live birth, induced abortion or fetal loss) for 15- to 19-year-olds (see *Methods* and *Definitions*).

**Short-term trends**

In 1997, an estimated 42,162 pregnancies of women aged 15 to 19 ended in birth, abortion or miscarriage. The number of pregnancies had declined steadily since 1994, when the estimated total was 46,753 (Appendix Table A) (see *Sexual activity and contraceptive use*).

**Sexual activity and contraceptive use**

According to the 1994/95 National Population Health Survey (NPHS), a substantial proportion of teenagers are sexually active.<sup>11</sup> An estimated 43% of women aged 15 to 19 had had at least one sex partner in the previous year, and about 13% reported having at least two partners during that time. Considering only those who were sexually active, 32% of these 15- to 19-year-old women had more than one partner.

Among sexually active 15- to 19-year-old women (excluding the small number who were married, in a common-law relationship, divorced or widowed, or who had had a single sex partner), 51% reported having sex without a condom in the past year.

The 1996/97 NPHS found that slightly over half of sexually active teenagers used oral contraceptives (unpublished tabulations). Among single (never married) 15- to 19-year-old women who had been sexually active in the previous year, 55% reported using the pill in the previous month.

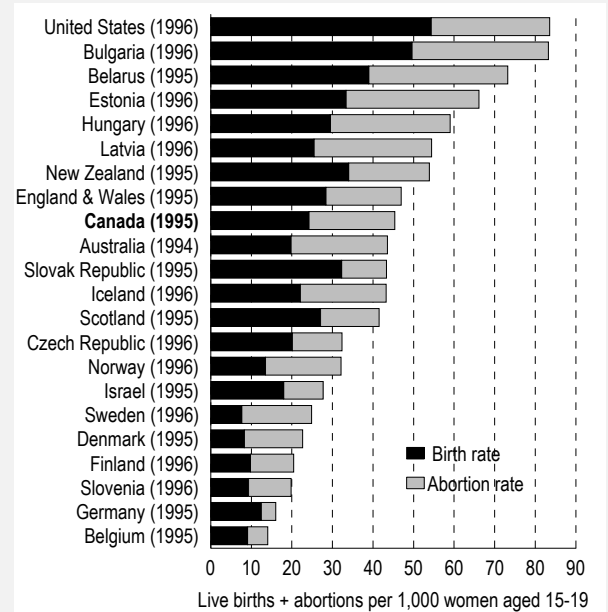
At the same time, the teenage pregnancy rate dropped, and by 1997, it stood at 42.7 pregnancies per 1,000 women aged 15 to 19. The decrease in the teenage pregnancy rate in Canada began several years later than that in the United States<sup>3,12</sup> (Chart 1). Nevertheless, the US rate remains about double the Canadian rate<sup>13</sup> (see *International comparisons*).

Older teens are more likely than younger teens to be sexually active.<sup>8</sup> This is reflected in much higher

**International comparisons**

Based on data from the Alan Guttmacher Institute, Canada's teenage pregnancy rate is ranked as moderate, compared with other western industrialized countries.<sup>14</sup> The Alan Guttmacher Institute is an independent, not-for-profit organization in the United States, whose mandate is to "inform individual decision-making, encourage scientific inquiry and enlightened public debate, and promote the formation of sound public- and private-sector programs and policies" related to "sexual behaviour, reproduction and family formation."<sup>15</sup>

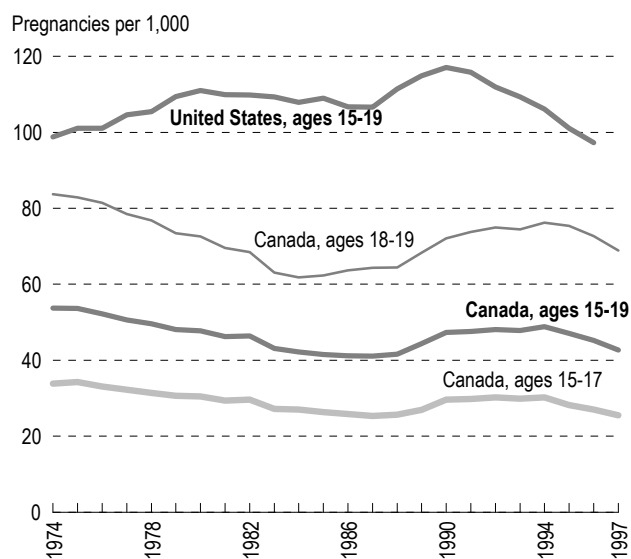
**International comparisons of teenage pregnancy rates, 1994, 1995 or 1996**



**Data sources:** Alan Guttmacher Institute and Reference 14  
**Note:** These rates do not include fetal loss; pregnancies are calculated here as the sum of live births and abortions.

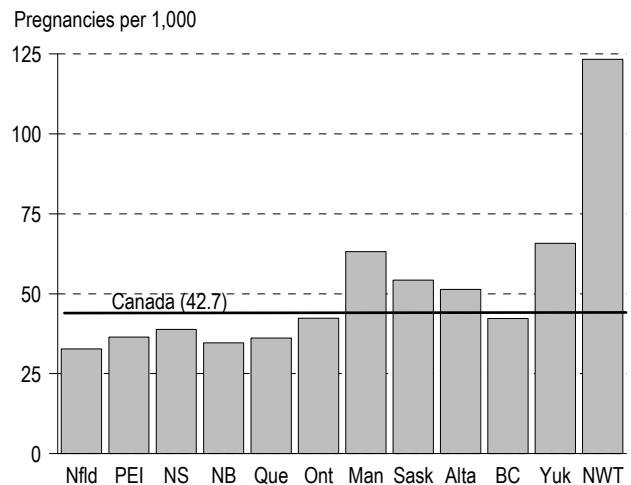
pregnancy rates at ages 18 to 19 than at ages 15 to 17: 68.9 versus 25.5 per 1,000 Canadian women in the respective age groups in 1997. Nonetheless, even

Chart 1  
**Teenage pregnancy rates, by age of women at end of pregnancy, women aged 15 to 19, Canada and United States, 1974 to 1997**



**Data sources:** References 5,6,7; Health Statistics Division; Canadian Vital Statistics Data Base; Canadian Institute for Health Information; Alan Guttmacher Institute

Chart 2  
**Teenage pregnancy rates, women aged 15 to 19, by province and territory, 1997**



**Data sources:** Health Statistics Division; Canadian Vital Statistics Data Base; Canadian Institute for Health Information

at ages 18 to 19, the pregnancy rate was well below that of women aged 20 to 24 (100.6 per 1,000; data not shown).

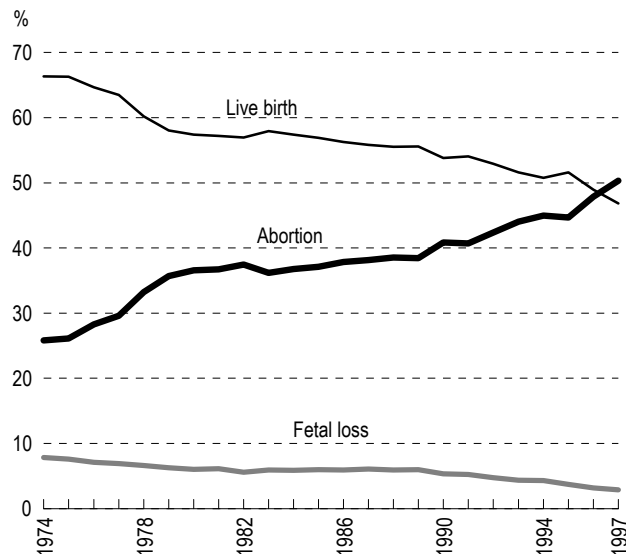
Teenage pregnancy rates tend to be higher in the North and the Prairie provinces than in other regions (Chart 2). In 1997, the rate in the Northwest Territories was 123.3 pregnancies per 1,000 and over 60 per 1,000 in the Yukon and in Manitoba. On the other hand, rates in Newfoundland and New Brunswick were less than 35 per 1,000 (Appendix Table B).

**Abortion now most common outcome**

In the past, more teenage pregnancies ended in a live birth than in an abortion. However, in 1997, with the decline in live births to teens, abortion became the most common outcome of teenage pregnancy (Chart 3). This had been the case for younger teens in most years since 1993.

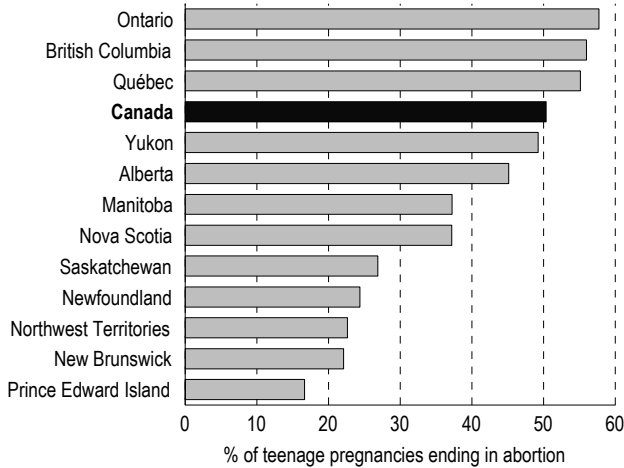
This shift at the national level was influenced by changes in the three most populous provinces—Ontario, British Columbia and Québec—where abortions constituted the majority of pregnancy outcomes in 1997 (Appendix Table C). By contrast,

Chart 3  
**Percentage distribution of outcomes of teenage pregnancy, women aged 15 to 19, Canada, 1974 to 1997**



**Data sources:** References 5,6,7, Health Statistics Division; Canadian Vital Statistics Data Base; Canadian Institute for Health Information

**Chart 4**  
**Percentage of teenage pregnancies ending in abortion, women aged 15 to 19, Canada, provinces and territories, 1997**

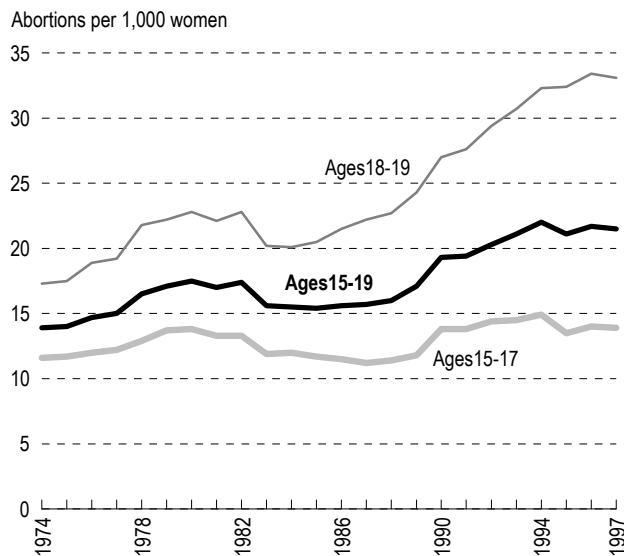


**Data sources:** Health Statistics Division; Canadian Vital Statistics Data Base; Canadian Institute for Health Information

in the other provinces and territories, most teenage pregnancies ended in a live birth (Chart 4) (see *Access to abortion*).

The percentage of teenage pregnancies ending in an abortion is strongly weighted by trends among 18- to 19-year-olds, who account for the majority of teenage pregnancies (64% in 1997). Even in 1997,

**Chart 5**  
**Teenage abortion rates, by age of women at end of pregnancy, women aged 15 to 19, Canada, 1974 to 1997**



**Data sources:** References 5,6,7; Health Statistics Division; Canadian Vital Statistics Data Base; Canadian Institute for Health Information

### Access to abortion

Before 1969, Canadian women who chose to terminate their pregnancy had no access to legal abortion. Between 1969 and January 1988, Canada's abortion law allowed induced abortions, subject to various criteria, including the approval of three physicians. In 1988, that legislation was struck down, leaving physicians the right to perform abortions. In addition, private clinics have opened across Canada except in Prince Edward Island, Saskatchewan, the Yukon and the Northwest Territories.

One immediate effect of greater accessibility was a sharp decline in the number of abortions obtained by Canadians in the United States. According to data from 14 states, the figure fell from 2,757 in 1987 to 293 in 1997 (72 of which were performed on 15- to 19-year-olds).

live births still slightly outnumbered abortions among older teens, but with the decline in live births, the percentage opting for abortion had risen from 43% in 1995 to 48% two years later. Among girls aged 15 to 17, 54% of pregnancies ended in an abortion in 1997 (Appendix Table C).

### Abortion rates stable from 1994 to 1997

Although the teenage pregnancy rate decreased, the abortion rate per 1,000 women aged 15 to 19 was stable between 1994 and 1997. Therefore, with fewer teenagers giving birth or experiencing fetal loss during this period, a greater proportion of all teenage pregnancies ended in abortion (Chart 5).

The abortion rate was much higher for older teens, even though pregnant 15- to 17-year-olds were more likely than pregnant 18- to 19-year-olds to have an abortion. The higher abortion rate at ages 18 to 19 reflects the higher number of pregnancies among older teens. The 1997 rate at ages 18 to 19 stood at an estimated 33.1 abortions per 1,000 women; at ages 15 to 17, the rate was 13.9 per 1,000.

### Hospital and clinic patients differ

In provinces with access to both hospital and clinic abortions, teenagers are more likely to use hospitals (Table 1). However, based on an analysis of data from Ontario and Alberta, the only provinces that

provide detailed information about patients in both hospitals and clinics, the characteristics of women using these establishments differ in some ways.

Clinic abortions were more likely to occur earlier or later in the pregnancy. In 1997, 40% of teenagers who had clinic abortions were less than 9 weeks

**Table 1**  
**Percentage of teenage abortions performed in hospitals and clinics, by province, 1997**

	Total	Hospitals	Clinics
	%	%	%
Newfoundland	100.0	63.8	36.2
Nova Scotia	100.0	92.7	7.3
New Brunswick	100.0	59.0	41.0
Québec	100.0	67.8	32.2
Ontario	100.0	58.9	41.1
Manitoba	100.0	91.1	8.9
Alberta	100.0	63.0	37.0
British Columbia	100.0	72.9	27.1

**Data source:** Health Statistics Division

**Note:** Prince Edward Island, Saskatchewan, the Yukon and Northwest Territories do not have abortion clinics.

**Table 2**  
**Characteristics of teenagers obtaining abortions in hospitals and clinics, Ontario and Alberta,† 1997**

	Hospitals	Clinics
	%	%
<b>Gestation period</b>		
Total	100.0	100.0
Less than 9 weeks	24.6	39.9
9-12 weeks	62.3	39.0
13-16 weeks	11.2	15.5
17-20 weeks	1.7	5.5
21-40 weeks	0.2	--
<b>Previous deliveries</b>		
Total	100.0	100.0
None	83.4	83.9
One	14.4	13.7
More than one	2.2	2.3
<b>Previous induced abortions</b>		
Total	100.0	100.0
None	82.1	76.3
One	15.6	19.4
More than one	2.3	4.4
<b>Marital status‡</b>		
Total	100.0	100.0
Single	96.5	96.1
Married	1.3	0.9
Common-law	2.1	2.7

**Data source:** Health Statistics Division

**Note:** Data may not add to totals because of rounding.

† Ontario and Alberta were the only provinces providing detailed data on patients in both hospitals and clinics.

‡ Separated, divorced and widowed have too few cases to be reported.

-- Amount too small to be expressed.

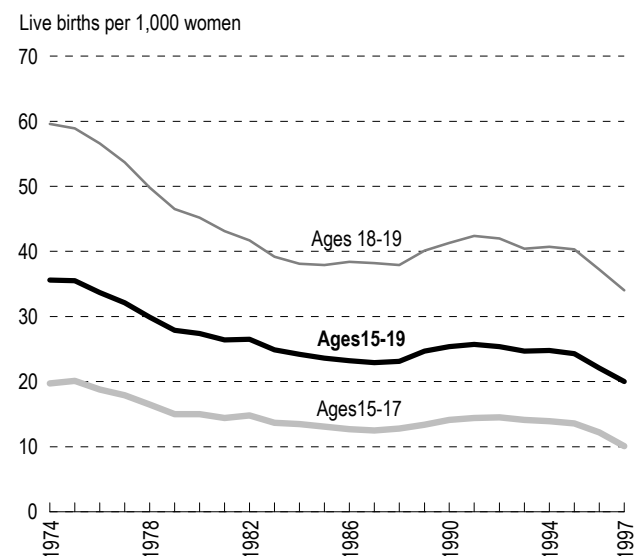
pregnant, whereas this was the case for 25% of those who had hospital abortions (Table 2). The percentage of abortions performed at 17 or more weeks was over 5% in clinics, compared with less than 2% in hospitals. Also, compared with those who went to a hospital, a higher proportion of teenagers who had a clinic abortion had had at least one previous induced abortion: 24% versus 18%. Regardless of whether they went to a clinic or hospital, the vast majority (96%) of Ontario and Alberta teenagers who had an abortion in 1997 were single; fewer than 3% were living common-law, and just 1% were married.

### Live births

Fewer teenagers are becoming pregnant, and as noted above, fewer of those who do are giving birth. In 1997, live births to teenagers numbered 19,724, and the birth rate for 15- to 19-year-olds reached an all-time low of 20 births per 1,000 (Chart 6). Rates declined among both younger and older teens.

Teenage birth rates were relatively high in the Prairie provinces and the territories, and low in Québec, Ontario and British Columbia (Appendix Table B).

**Chart 6**  
**Teenage live birth rates, by age of women at end of pregnancy, Canada, women aged 15 to 19, 1974 to 1997**



**Data sources:** References 5,6,7; Health Statistics Division; Canadian Vital Statistics Data Base; Canadian Institute for Health Information

### Fetal loss

Since 1974, it has been estimated that fewer than 10% of teenage pregnancies have ended in fetal loss (miscarriage or stillbirth; see *Definitions*). However, fetal loss is underreported. While counts of stillbirths are virtually complete, it is difficult to estimate miscarriages because they may not come to the attention of the medical care system (see *Estimating miscarriages*).

### Concluding remarks

In recent years, teenage pregnancy in Canada has declined. At the same time, the abortion rate for teenagers has stabilized. As a result, the proportion of teen pregnancies that end in an abortion has increased, exceeding live births for the first time.

### Definitions

*Teenage pregnancy* is defined in this article as a pregnancy of a woman who was aged 15 to 19 when her pregnancy ended. Pregnancies are calculated as the sum of live births, induced abortions, and fetal loss (stillbirths and miscarriages) for which administrative records are available.

The *teenage pregnancy rate* is the number of pregnancies per 1,000 women aged 15 to 19.

The *teenage live birth rate* is the number of live births per 1,000 women aged 15 to 19.

Unless otherwise indicated, the term "abortion" is used in this article to refer to induced abortions. The *teenage abortion rate* is the number of induced abortions per 1,000 women aged 15 to 19.

Fetal loss is the sum of miscarriages plus stillbirths. *Miscarriages* are pregnancies that end by spontaneous abortion before 20 weeks' gestation and include only those records with diagnoses of ICD-9 634, 636 or 637<sup>16</sup> that required inpatient care. A *stillbirth* is a product of conception of 20 or more weeks' gestation or fetal weight of 500 grams or more, which did not breathe or show other signs of life.

The *teenage fetal loss rate* is the number of miscarriages plus stillbirths per 1,000 women aged 15 to 19.

In this analysis, the expression, "ending" a pregnancy covers the three outcomes: live birth, induced abortion, and hospitalized fetal loss.

### Estimating miscarriages

There is no accurate method for counting miscarriages that do not result in hospitalization as an inpatient. Many countries, in fact, do not include miscarriages in their pregnancy calculations, and use only the more reliable numbers: live births, induced abortions and stillbirths. International comparisons, therefore, can be problematic. Two other approaches to estimating miscarriages have been taken: the use of survey data on fertility and a formula based on fetal life tables.

Based on the 1984 Canadian Fertility Survey, the miscarriage ratio (miscarriages to 100 live births) was 16.4 for women of all ages.<sup>17</sup> This figure was in line with an earlier study, which estimated miscarriages to be approximately 15% of all pregnancies.<sup>18</sup> However, that survey is now 16 years old, and the ratio may have changed. A more recent publication using US data estimated that miscarriages end 19% of all pregnancies. The formula for this estimate accounted for miscarriages of pregnancies that might have gone to term and for miscarriages that might have occurred had an abortion not been performed.<sup>19</sup> While this study is limited by its use of weekly fetal life tables from 1980 for New York City, the author argues that it is adequate for generalizations for the United States. The Alan Guttmacher Institute estimates miscarriages as 20% of live births plus 10% of abortions.<sup>20</sup> Their calculation of pregnancy rates takes account of live births, stillbirths, induced abortions, and estimated miscarriages.

The US National Center for Health Statistics (NCHS) and the Centers for Disease Control and Prevention also publish teenage pregnancy rates for the United States and use data from the 1982, 1988 and 1995 National Surveys of Family Growth to estimate miscarriages. Their numbers are slightly higher than those of the Guttmacher Institute. For instance, the 1996 NCHS estimate of pregnancy rates for 15- to 19-year-olds in the US was 98.7 per 1,000, compared with 97.3 per 1,000 reported by the Alan Guttmacher Institute.<sup>21</sup>

### Teenage pregnancy rate, women aged 15 to 19, by method of measuring miscarriages, Canada, 1997

	Pregnancies per 1,000 women
Using available miscarriage data†	42.7
Excluding miscarriages and stillbirths	41.5
Miscarriages estimated as 16.4% of live births	44.8
Miscarriages estimated as 20% of live births and 10% of abortions (Alan Guttmacher Institute)	47.6

**Data source:** Health Statistics Division

† Conventional method used for calculating miscarriages in Canada, and the one used for all data presented in this article.

Pregnancy rates are higher for older teens than younger teens. Abortion is the most common outcome for pregnancies among women aged 15 to 17. Older teens, however, are still more likely to have a live birth.

Teenage pregnancy rates tend to be high in the North and the Prairie provinces and low in the Atlantic region. However, in every province and territory, except Québec, Ontario and British Columbia, the majority of teenage pregnancies end in a live birth rather than an abortion. ●

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## Appendix

Table A

### Outcomes of teenage pregnancy, by age at end of pregnancy, Canada, 1974 to 1994

	Total 15-19			Total 15-19				Total 15-19			Total 15-19		
	15-17	18-19	Number	15-17	18-19	Per 1,000 women		15-17	18-19	Number	15-17	18-19	Per 1,000 women
<b>Total pregnancies</b>							<b>Abortions</b>						
1974	61,242	23,180	38,062	53.7	33.8	83.7	1974	15,805	7,937	7,868	13.9	11.6	17.3
1975	61,964	23,899	38,065	53.6	34.3	82.9	1975	16,173	8,135	8,038	14.0	11.7	17.5
1976	61,267	23,467	37,800	52.2	33.1	81.4	1976	17,315	8,551	8,764	14.7	12.0	18.9
1977	59,923	22,985	36,938	50.6	32.2	78.5	1977	17,735	8,684	9,051	15.0	12.2	19.2
1978	59,210	22,417	36,793	49.6	31.4	76.8	1978	19,681	9,228	10,453	16.5	12.9	21.8
1979	57,423	21,629	35,794	48.0	30.6	73.4	1979	20,488	9,661	10,827	17.1	13.7	22.2
1980	56,784	21,374	35,410	47.7	30.5	72.6	1980	20,765	9,650	11,115	17.5	13.8	22.8
1981	53,782	19,865	33,917	46.2	29.4	69.6	1981	19,739	8,954	10,785	17.0	13.3	22.1
1982	52,163	18,874	33,289	46.4	29.6	68.5	1982	19,536	8,463	11,073	17.4	13.3	22.8
1983	46,190	16,251	29,939	43.1	27.2	63.1	1983	16,718	7,150	9,568	15.6	11.9	20.2
1984	43,233	15,553	27,680	42.2	27.0	61.8	1984	15,883	6,887	8,996	15.5	12.0	20.1
1985	40,892	15,020	25,872	41.5	26.3	62.3	1985	15,183	6,658	8,525	15.4	11.7	20.5
1986	40,000	14,813	25,187	41.2	25.8	63.7	1986	15,133	6,636	8,497	15.6	11.5	21.5
1987	39,340	14,449	24,891	41.1	25.3	64.3	1987	14,998	6,411	8,587	15.7	11.2	22.2
1988	39,636	14,368	25,268	41.6	25.7	64.4	1988	15,277	6,361	8,916	16.0	11.4	22.7
1989	42,133	14,744	27,389	44.4	26.9	68.3	1989	16,201	6,446	9,755	17.1	11.8	24.3
1990	44,750	16,354	28,396	47.3	29.6	72.1	1990	18,274	7,635	10,639	19.3	13.8	27.0
1991	44,745	16,725	28,020	47.6	29.8	73.8	1991	18,214	7,722	10,492	19.4	13.8	27.6
1992	45,323	17,154	28,169	48.1	30.2	74.9	1992	19,190	8,153	11,037	20.3	14.4	29.4
1993	45,412	16,986	28,426	47.8	29.9	74.4	1993	19,989	8,249	11,740	21.1	14.5	30.7
1994	46,753	17,153	29,600	48.8	30.2	76.2	1994	21,026	8,486	12,540	22.0	14.9	32.3
1995	45,402	16,273	29,129	47.1	28.2	75.4	1995	20,306	7,785	12,521	21.1	13.5	32.4
1996	44,182	15,950	28,232	45.2	27.0	72.7	1996	21,176	8,225	12,951	21.7	13.9	33.4
1997	42,162	15,196	26,966	42.7	25.5	68.9	1997	21,233	8,269	12,964	21.5	13.9	33.1
<b>Live births</b>							<b>Fetal loss</b>						
1974	40,623	13,513	27,110	35.6	19.7	59.6	1974	4,814	1,730	3,084	4.2	2.5	6.8
1975	41,074	13,999	27,075	35.5	20.1	58.9	1975	4,717	1,765	2,952	4.1	2.5	6.4
1976	39,612	13,323	26,289	33.7	18.8	56.6	1976	4,340	1,593	2,747	3.7	2.2	5.9
1977	38,048	12,805	25,243	32.1	17.9	53.7	1977	4,140	1,496	2,644	3.5	2.1	5.6
1978	35,630	11,756	23,874	29.9	16.5	49.8	1978	3,899	1,433	2,466	3.3	2.0	5.1
1979	33,324	10,643	22,681	27.9	15.0	46.5	1979	3,611	1,325	2,286	3.0	1.9	4.7
1980	32,596	10,546	22,050	27.4	15.0	45.2	1980	3,423	1,178	2,245	2.9	1.7	4.6
1981	30,745	9,760	20,985	26.4	14.4	43.1	1981	3,298	1,151	2,147	2.8	1.7	4.4
1982	29,708	9,414	20,294	26.5	14.8	41.7	1982	2,919	997	1,922	2.6	1.6	4.0
1983	26,747	8,186	18,561	24.9	13.7	39.2	1983	2,725	915	1,810	2.5	1.5	3.8
1984	24,802	7,759	17,043	24.2	13.5	38.1	1984	2,548	907	1,641	2.5	1.5	3.7
1985	23,263	7,493	15,770	23.6	13.1	37.9	1985	2,446	869	1,577	2.5	1.5	3.8
1986	22,498	7,317	15,181	23.2	12.7	38.4	1986	2,369	860	1,509	2.4	1.5	3.8
1987	21,956	7,152	14,808	22.9	12.5	38.2	1987	2,386	886	1,500	2.5	1.6	3.9
1988	22,019	7,151	14,868	23.1	12.8	37.9	1988	2,340	856	1,484	2.5	1.5	3.8
1989	23,427	7,362	16,065	24.7	13.4	40.1	1989	2,505	936	1,569	2.6	1.7	3.9
1990	24,083	7,807	16,276	25.4	14.1	41.3	1990	2,393	912	1,481	2.5	1.7	3.8
1991	24,180	8,064	16,116	25.7	14.4	42.4	1991	2,351	939	1,412	2.5	1.7	3.7
1992	23,985	8,202	15,783	25.4	14.5	42.0	1992	2,148	799	1,349	2.3	1.4	3.6
1993	23,437	7,975	15,462	24.7	14.1	40.4	1993	1,986	762	1,224	2.1	1.3	3.2
1994	23,728	7,904	15,824	24.8	13.9	40.7	1994	1,999	763	1,236	2.1	1.3	3.2
1995	23,422	7,847	15,575	24.3	13.6	40.3	1995	1,674	641	1,033	1.7	1.1	2.7
1996	21,601	7,171	14,430	22.1	12.2	37.2	1996	1,405	554	851	1.4	0.9	2.2
1997	19,724	6,431	13,293	20.0	10.8	34.0	1997	1,205	496	709	1.2	0.8	1.8

Data sources: References 5,6,7; Health Statistics Division; Canadian Vital Statistics Data Base; Canadian Institute for Health Information

Table B  
Outcomes of teenage pregnancy, by age at end of pregnancy, Canada, provinces and territories, 1997

	Number			Per 1,000 women		
	15-19	15-17	18-19	15-19	15-17	18-19
<b>Total pregnancies</b>						
<b>Canada</b>	<b>42,162<sup>†</sup></b>	<b>15,196<sup>‡</sup></b>	<b>26,966<sup>§</sup></b>	<b>42.7</b>	<b>25.5</b>	<b>68.9</b>
Newfoundland	713	258	455	32.7	19.7	52.4
Prince Edward Island	180	57	123	36.5	19.4	61.6
Nova Scotia	1,210	451	759	38.9	24.2	60.7
New Brunswick	884	303	581	34.6	19.8	56.5
Québec	8,757	2,790	5,967	36.1	19.2	61.5
Ontario	15,038	5,615	9,423	42.4	26.2	67.1
Manitoba	2,437	943	1,494	63.2	40.6	97.6
Saskatchewan	2,076	776	1,300	54.2	33.4	86.2
Alberta	5,101	1,837	3,264	51.5	30.3	84.7
British Columbia	5,346	1,974	3,372	42.1	25.8	67.2
Yukon	67	29	38	65.8	44.8	102.4
Northwest Territories	331	159	172	123.3	98.2	161.5
<b>Abortions</b>						
<b>Canada</b>	<b>21,233</b>	<b>8,269</b>	<b>12,964</b>	<b>21.5</b>	<b>13.9</b>	<b>33.1</b>
Newfoundland	174	79	95	8.0	6.0	10.9
Prince Edward Island	30	12	18	6.1	4.1	9.0
Nova Scotia	450	187	263	14.5	10.0	21.0
New Brunswick	195	73	122	7.6	4.8	11.9
Québec	4,830	1,702	3,128	19.9	11.7	32.3
Ontario	8,683	3,495	5,188	24.5	16.3	36.9
Manitoba	908	368	540	23.6	15.8	35.3
Saskatchewan	558	202	356	14.6	8.7	23.6
Alberta	2,303	911	1,392	23.2	15.1	36.1
British Columbia	2,994	1,184	1,810	23.6	15.5	36.1
Yukon	x	x	x	32.4	24.7	45.8
Northwest Territories	x	x	x	27.9	24.7	32.9
<b>Live births</b>						
<b>Canada</b>	<b>19,724<sup>†</sup></b>	<b>6,431<sup>‡</sup></b>	<b>13,293<sup>§</sup></b>	<b>20.0</b>	<b>10.8</b>	<b>34.0</b>
Newfoundland	492	162	330	22.6	12.4	38.0
Prince Edward Island	143	42	101	29.0	14.3	50.6
Nova Scotia	738	251	487	23.7	13.5	39.0
New Brunswick	649	217	432	25.4	14.2	42.0
Québec	3,745	1,018	2,727	15.5	7.0	28.1
Ontario	6,067	2,005	4,062	17.1	9.4	28.9
Manitoba	1,398	508	890	36.3	21.9	58.1
Saskatchewan	1,429	530	899	37.3	22.8	59.6
Alberta	2,561	838	1,723	25.8	13.8	44.7
British Columbia	2,206	730	1,476	17.4	9.5	29.4
Yukon	32	12	20	31.4	18.5	53.9
Northwest Territories	242	114	128	90.2	70.4	120.2
<b>Fetal loss</b>						
<b>Canada</b>	<b>1,205</b>	<b>496</b>	<b>709</b>	<b>1.2</b>	<b>0.8</b>	<b>1.8</b>
Newfoundland	47	17	30	2.2	1.3	3.5
Prince Edward Island	7	3	4	1.4	1.0	2.0
Nova Scotia	22	13	9	0.7	0.7	0.7
New Brunswick	40	13	27	1.6	0.9	2.6
Québec	182	70	112	0.8	0.5	1.2
Ontario	288	115	173	0.8	0.5	1.2
Manitoba	131	67	64	3.4	2.9	4.2
Saskatchewan	89	44	45	2.3	1.9	3.0
Alberta	237	88	149	2.4	1.5	3.9
British Columbia	146	60	86	1.2	0.8	1.7
Yukon	x	x	x	2.0	1.5	2.7
Northwest Territories	x	x	x	5.2	3.1	8.5

**Data sources:** References 5,6,7; Health Statistics Division; Canadian Vital Statistics Data Base; Canadian Institute for Health Information

<sup>†</sup> Includes 22 live births with unknown province of residence.

<sup>‡</sup> Includes 4 live births with unknown province of residence.

<sup>§</sup> Includes 18 live births with unknown province of residence.

x Confidential to meet requirements of the Statistics Act.

Table C  
 Percentage distribution of outcomes of teenage pregnancy, by age at end of pregnancy, Canada, provinces and territories, 1997

	Total 15-19	15-17	18-19		Total 15-19	15-17	18-19
<b>Canada</b>				<b>Manitoba</b>			
Number	42,162 <sup>†</sup>	15,196 <sup>‡</sup>	26,966 <sup>§</sup>	Number	2,437	943	1,494
% distribution	100.0	100.0	100.0	% distribution	100.0	100.0	100.0
Live birth	46.8	42.3	49.3	Live birth	57.4	53.9	59.6
Abortion	50.4	54.4	48.1	Abortion	37.3	39.0	36.1
Fetal loss	2.9	3.3	2.6	Fetal loss	5.4	7.1	4.3
<b>Newfoundland</b>				<b>Saskatchewan</b>			
Number	713	258	455	Number	2,076	776	1,300
% distribution	100.0	100.0	100.0	% distribution	100.0	100.0	100.0
Live birth	69.0	62.8	72.5	Live birth	68.8	68.3	69.2
Abortion	24.4	30.6	20.9	Abortion	26.9	26.0	27.4
Fetal loss	6.6	6.6	6.6	Fetal loss	4.3	5.7	3.5
<b>Prince Edward Island</b>				<b>Alberta</b>			
Number	180	57	123	Number	5,101	1,837	3,264
% distribution	100.0	100.0	100.0	% distribution	100.0	100.0	100.0
Live birth	79.4	73.7	82.1	Live birth	50.2	45.6	52.8
Abortion	16.7	21.1	14.6	Abortion	45.1	49.6	42.6
Fetal loss	3.9	5.3	3.3	Fetal loss	4.6	4.8	4.6
<b>Nova Scotia</b>				<b>British Columbia</b>			
Number	1,210	451	759	Number	5,346	1,974	3,372
% distribution	100.0	100.0	100.0	% distribution	100.0	100.0	100.0
Live birth	61.0	55.7	64.2	Live birth	41.3	37.0	43.8
Abortion	37.2	41.5	34.7	Abortion	56.0	60.0	53.7
Fetal loss	1.8	2.9	1.2	Fetal loss	2.7	3.0	2.6
<b>New Brunswick</b>				<b>Yukon</b>			
Number	884	303	581	Number	67	29	38
% distribution	100.0	100.0	100.0	% distribution	100.0	100.0	100.0
Live birth	73.4	71.6	74.4	Live birth	47.8	41.4	52.6
Abortion	22.1	24.1	21.0	Abortion	x	x	x
Fetal loss	4.5	4.3	4.6	Fetal loss	x	x	x
<b>Québec</b>				<b>Northwest Territories</b>			
Number	8,757	2,790	5,967	Number	331	159	172
% distribution	100.0	100.0	100.0	% distribution	100.0	100.0	100.0
Live birth	42.8	36.5	45.7	Live birth	73.1	71.7	74.4
Abortion	55.2	61.0	52.4	Abortion	x	x	x
Fetal loss	2.1	2.5	1.9	Fetal loss	x	x	x
<b>Ontario</b>							
Number	15,038	5,615	9,423				
% distribution	100.0	100.0	100.0				
Live birth	40.3	35.7	43.1				
Abortion	57.7	62.2	55.1				
Fetal loss	1.9	2.0	1.8				

**Data sources:** Health Statistics Division, Canadian Vital Statistics Data Base, Canadian Institute for Health Information

<sup>†</sup> Includes 22 live births with unknown province of residence.

<sup>‡</sup> Includes 4 live births with unknown province of residence.

<sup>§</sup> Includes 18 live births with unknown province of residence.

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