

# Teen Pregnancy

## Public Health Importance

About one-third of girls in the United States get pregnant before age 20. In 2006, a total of 435,427 infants were born to mothers aged 15–19 years, a birth rate of 41.9 per 1,000 women in this age group.<sup>i</sup> More than 80% of these births were unintended, meaning they occurred sooner than desired or were not wanted at any time.<sup>ii</sup> In the United States, rates for pregnancy, birth, sexually transmitted diseases (STDs), and abortion among teenagers are considerably higher than rates in Canada, England, France, Ireland, the Netherlands, Sweden, Japan, and most other developed countries.<sup>iii</sup>

Compared with women who delay childbearing until age 20–21 years, teenaged mothers (aged 19 and younger) are more likely to

- Drop out of high school.
- Be and remain single parents.<sup>iv</sup>

In addition, the children of teenaged mothers are more likely to

- Score lower in math and reading into adolescence.



- Repeat a school grade.
- Be in poor health (as reported by the mother).
- Be taken to emergency rooms for care as infants.
- Be victims of abuse and neglect.
- Be placed in foster care and spend more time in foster care.
- Be incarcerated at some point during adolescence or their early 20s.
- Drop out of high school, give birth as a teenager, and be unemployed or underemployed as a young adult.<sup>3</sup>

These effects remain for the mother and her child even after adjusting for factors that increased the teenager's risk for pregnancy—such as growing up in poverty, having parents with low levels of education, growing up in a single-parent family, and having low attachment to and performance in school.<sup>3</sup>

Teen childbearing costs the United States about \$9 billion per year.<sup>v</sup> Although pregnancy and birth rates among girls aged 15–19 years have declined 34% since 1991, birth rates increased for the first time in 2006 (from 40.5 per 1,000 women in this age group in 2005 to 41.9 in 2006).<sup>1</sup> It is too early to tell whether this increase is a trend or a one-time fluctuation in teen birth rates.

## What Is CDC Doing?

In 2005, CDC funded a 5-year cooperative agreement with three national organizations, four Title X regional training organizations, and nine state teen pregnancy prevention

coalitions. This partnership is designed to increase the capacity of local organizations to select, implement, and evaluate a science-based approach to prevent teen pregnancy, HIV infection, and STDs in their communities. It was built on the successes of a previous 3-year project called Coalition Capacity Building to Prevent Teen Pregnancy. Information on the current cooperative agreement, Promoting Science-based Approaches to Prevent Teen Pregnancy, HIV, and STDs, is available at <http://www.cdc.gov/reproductivehealth/AdolescentReproHealth/ScienceApproach.htm>

## What Is a Science-based Approach to Teen Pregnancy Prevention?

A science-based approach to teen pregnancy prevention can increase a program's chance for success. CDC and external partners collaborated to identify key components for this approach:

- Using demographic, epidemiological and social science research to identify populations at risk of early pregnancy or sexually transmitted diseases, and to identify the risk and protective factors for those populations.
- Using health behavior or health education theory for selecting risk and protective factors that will be addressed by the program, and guide the selection of intervention activities.
- Using a logic model to link risk and protective factors with program strategies and outcomes.
- Selecting, adapting if necessary, and implementing rigorously evaluated programs.
- Conducting process and outcome evaluation of the implemented program, and modifying approach based on results.

## Accomplishments of CDC-funded Programs

National, state and regional partners are demonstrating improved capacity to prevent teen pregnancy. A few examples are:

### North Carolina

The Adolescent Pregnancy Prevention Coalition of North Carolina (APPCNC) helped Beaufort County successfully apply for state funding to implement a needed primary prevention program in its schools. The Teen Outreach Program has been approved for implementation in a local middle school whose students continue on to a high school with the highest concentration of teen pregnancies in the county. APPCNC supported this program through outreach and education for school officials.

### Hawaii

The Hawaii Youth Services Network provides ongoing intensive training and technical assistance to its newly formed coalition of youth-serving organizations, Healthy Youth Hawaii. As a result, all member organizations have adopted or implemented the *Making Proud Choices* curriculum. To date, almost 600 youth have been served. The following activities are under way:

- Parents and Children Together, a family service agency, has implemented *Making Proud Choices* for 7th and 8th graders in an after-school program serving a low-income housing community.
- Planned Parenthood of Hawaii is using *Making Proud Choices* in nine 7th grade classes in one public school.
- The Hakipu'u Learning Center has implemented the curriculum at the Native Hawaiian Charter School with students in grades 9–12.

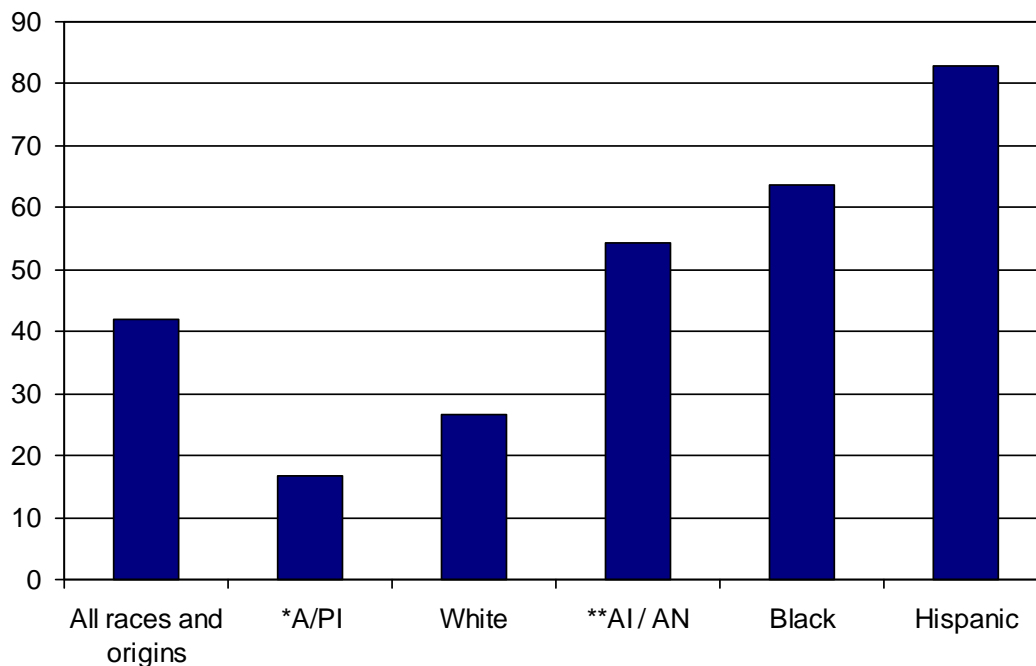
## South Carolina

The South Carolina Campaign to Prevent Teen Pregnancy and the South Carolina Department of Education work together to increase the number of school districts with comprehensive health education teachers who are familiar with science-based approaches and research-proven curricula. This partnership has led to two additional teacher trainings for the *Safer Choices* curriculum. The South Carolina campaign will provide onsite technical assistance to more than 200 teachers on how to implement this program correctly. This partnership has been so successful that the state education department is funding its work.

## Disparities in Teen Childbearing

Eliminating disparities is an important part of CDC's teen pregnancy prevention work. Several states and regions are working to address the needs of youth at greatest risk for pregnancy and STDs. Teenagers at higher risk include those in foster care and those in some racial/ethnic minority groups, including African Americans, Latinos, Native Americans and Native Hawaiians.

**Birth Rates per 1,000 Women Aged 15-19 Years, by Race and Hispanic Origin: U.S., 2006 (preliminary data)**



\*A/PI: Asian/Pacific Islander

\*\*AI/AN: American Indian/Alaska Native

Source: Hamilton BE, Martin JA, Ventura SJ. Births: preliminary data for 2006. Table 3. *National Vital Statistics Reports* 2007;56(7).

## What More Needs to Be Done?

Although teen pregnancy rates have been dropping for several years, this trend appears to be slowing down. CDC will continue to work with partners at federal, state, and local levels to prevent teen pregnancies. Our efforts will include

- Working to eliminate racial, ethnic, and other disparities in teen pregnancy.

- Working to reduce HIV and STD rates among teenagers.
- Applying youth development approaches to promoting adolescent reproductive health.
- Continuing to build state and local capacity to use science-based approaches to promote teen health.



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## References

<sup>i</sup> Hamilton BE, Martin JA, Ventura SJ. Births: preliminary data for 2006. *National Vital Statistics Reports* 2007;56(7).

<sup>ii</sup> Chandra A, Martinez GM, Mosher WD, Abma JC, Jones J. Fertility, family planning, and reproductive health of U.S. women: data from the 2002 National Survey of Family Growth. *Vital Health Statistics* 2005;23(25).

<sup>iii</sup> Singh S, Darroch JE. Adolescent pregnancy and childbearing: levels and trends in developed countries. *Family Planning Perspectives* 2000;32(1):14-23.

<sup>iv</sup> Maynard RA, editor. Kids having kids: economic costs and social consequences of teen pregnancy. Washington, DC: The Urban Institute Press; 1997.

<sup>v</sup> Hoffman S. By the numbers: the public costs of teen childbearing. Washington, DC: National Campaign to Prevent Teen Pregnancy; 2006.

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