Prevention Status Report for Georgia

Teen Pregnancy

Accessed on June 9, 2016

About the Prevention Status Reports

The Prevention Status Reports (PSRs) highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to address the following important public health problems and concerns:

- Alcohol-Related Harms
- Food Safety
- Healthcare-Associated Infections
- Heart Disease and Stroke
- HIV
- Motor Vehicle Injuries
- Nutrition, Physical Activity, and Obesity
- Prescription Drug Overdose
- Teen Pregnancy
- Tobacco Use

PSR Framework

Each report follows a simple framework:

- Describe the public health *problem* using public health data
- Identify potential *solutions* to the problem drawn from research and expert recommendations
- Report the *status* of those solutions for each state and the District of Columbia

Criteria for Selection of Policies and Practices

The policies and practices reported in the PSRs were selected because they—

- Can be monitored using state-level data that are readily available for most states and the District of Columbia
- Meet one or more of the following criteria:
  - Supported by systematic review(s) of scientific evidence of effectiveness (e.g., *The Guide to Community Preventive Services*)
  - Explicitly cited in a national strategy or national action plan (e.g., *Healthy People 2020*)
  - Recommended by a recognized expert body, panel, organization, study, or report with an evidence-based focus (e.g., Institute of Medicine)

Ratings

The PSRs use a simple, three-level rating scale—green, yellow, or red—to show the extent to which the state has implemented the policy or practice in accordance with supporting evidence and/or expert recommendations. The ratings reflect the *status of policies and practices* and do not reflect the *status of efforts* of state health departments, other state agencies, or any other organization to establish or strengthen those policies or practices.

Suggested Citations

For a state report:

Centers for Disease Control and Prevention. *Prevention Status Reports: [State name].* Atlanta, GA: US Department of Health and Human Services; 2016. Accessed [month date, year].

For the National Summary:

Centers for Disease Control and Prevention. *Prevention Status Reports: National Summary.* Atlanta, GA: US Department of Health and Human Services; 2016. Accessed [month date, year].

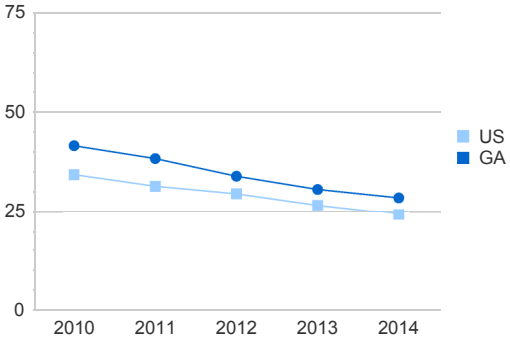
Public Health Problem

In 2014, about 252,000 women under age 20 gave birth; 99% (about 249,000) of these births were among girls aged 15–19 years of age (1). In 2014 in Georgia, 9,661 teen girls aged 15–19 years gave birth (2).

Teen mothers are more likely to experience negative social outcomes, including lower school completion rates and reduced earnings, than teens who do not have children. The children of teenaged mothers are more likely to achieve less in school, experience abuse or neglect, have more health problems, be incarcerated at some time during adolescence, and give birth during their teen years (3,4).

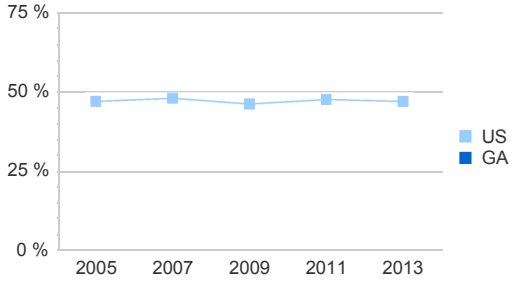
The annual costs of teen childbearing in 2010 were $9.4 billion in the United States (3,4) and $395 million in Georgia (5).

Birth rate among females aged 15-19 years (per 1,000 population)



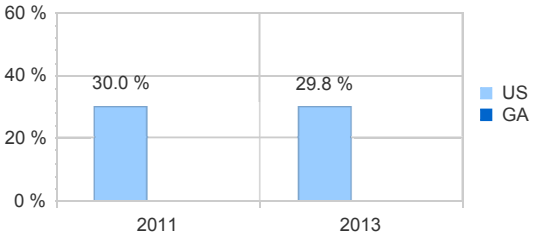
Source: National Vital Statistics System--Births (2)

Percentage of high school students who ever had sexual intercourse



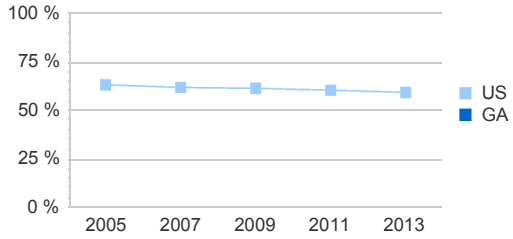
Source: Youth Risk Behavior Surveillance System (6)
Data were not available for one or more years from the source used for this graph. Similar data may be available from another national or state source.

Percentage of currently sexually active female high school students who used birth control pills, any injectable birth control, any birth control ring or implant, or intrauterine device before last sexual intercourse



Source: Youth Risk Behavior Surveillance System (6)
Data were not available for one or more years from the source used for this graph. Similar data may be available from another national or state source.

Percentage of currently sexually active high school students who used a condom during last sexual intercourse



Source: Youth Risk Behavior Surveillance System (6)
Data were not available for one or more years from the source used for this graph. Similar data may be available from another national or state source.

Solutions and Ratings

This report highlights the status of a key policy that states can use to reduce teen pregnancy: increasing access to contraceptive counseling and services by expanding the age and income eligibility levels for Medicaid coverage of family planning services to increase teens' access to healthcare services, including contraception and other preventive services.

Prior to the Affordable Care Act (ACA), women qualified for full Medicaid coverage only if their incomes were very low and they belonged to one of Medicaid's categories of eligibility—parent, senior, or disabled. Pregnant women were eligible for prenatal, delivery, and newborn care at a somewhat higher income level but generally lost coverage soon after delivery. Since the 1990s, many states have broadened Medicaid eligibility for family planning services and supplies for people who were not otherwise eligible for Medicaid (7). Many states offered family planning services to women at higher income levels through waivers applied for and granted by the Centers for Medicare and Medicaid Services (CMS). The ACA included an option for states to expand full Medicaid services to individuals based on income eligibility alone. Another ACA provision allowed states to make coverage for family planning services available at the same income level as for pregnancy care through a state plan amendment (8–13). Thus, states have three options to provide Medicaid coverage for family planning services to low-income individuals. Income-based Medicaid expansions have been shown to be effective in reducing births among teens aged 15–19 years (8–11).

States can expand access to their Medicaid family planning program and reduce teen births by 1) extending coverage to teens under age 18 years and 2) setting the income eligibility level for family planning coverage to at least the same income level required for pregnancy care coverage (this level varies by state). Expanding Medicaid coverage for family planning services is consistent with US Department of Health and Human Services recommendations to support reproductive and sexual health services (14) and with *Healthy People 2020* family planning objectives (15). Other strategies for reducing teen pregnancy that are supported by scientific evidence include providing sexual health education for adolescents, using positive youth development approaches, and improving parent-child communication and parental monitoring of youth behavior (16–19).

Status of Policy and Practice Solutions

Expansion of state Medicaid family planning eligibility

State expansion of eligibility for Medicaid coverage of family planning services to include teens under age 18 years and to be set to at least the income eligibility level for coverage of pregnancy care (this level varies by state).

As of October 2015, Georgia had expanded Medicaid coverage of family planning services to include teens aged ≥18 years and adults with incomes up to 200% of the federal poverty level (FPL). The expansion did not include teens aged <18 years and all adults with incomes up to 225% of the FPL, the state's income level for pregnancy-related Medicaid coverage (20–22).

Rating	State Medicaid family planning eligibility
Green	Income-based, meets the income eligibility level for pregnancy-related care, and covers all women, including teens
Yellow	**Limited, not income-based, does not meet the eligibility level for pregnancy-related services, and/or excludes some teens**
Red	Not expanded

Healthy People 2020 objectives: 1) Increase the number of states that set the income eligibility level for Medicaid-covered family planning services to at least the same level used to determine eligibility for Medicaid-covered pregnancy-related care and 2) Increase the proportion of sexually experienced females aged 15–44 years who received reproductive health services in the past 12 months (15). Income-based Medicaid expansions have been shown to be effective in reducing births among teens aged 15–19 years (8–11).

How This Rating Was Determined

The rating reflects the extent to which the state had expanded eligibility for Medicaid coverage of family planning services. A review of state Medicaid family planning waivers and state plan amendments (SPAs) was conducted to determine whether a state's income eligibility level for family planning coverage was set to at least the same income level as for pregnancy care coverage (20,21). The income eligibility level for family planning services extended to applicants whose income was up to 5 percentage points above the set FPL for the following states: Alabama, Connecticut, Indiana, Louisiana, Mississippi, Missouri, Montana, New Hampshire, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Virginia, and Wisconsin. This review also examined the extent to which the state waiver or SPAs covered all teens, regardless of pregnancy status (20). In addition, a review was conducted of those states that had expanded their Medicaid programs under the ACA to cover adults aged <65 years with incomes up to 138% of the FPL (22). Teens aged ≤18 years with family incomes up to 138% of the FPL (or higher, depending on the state) are eligible for free or low-cost health coverage, including family planning services, in all states that have expanded Medicaid.

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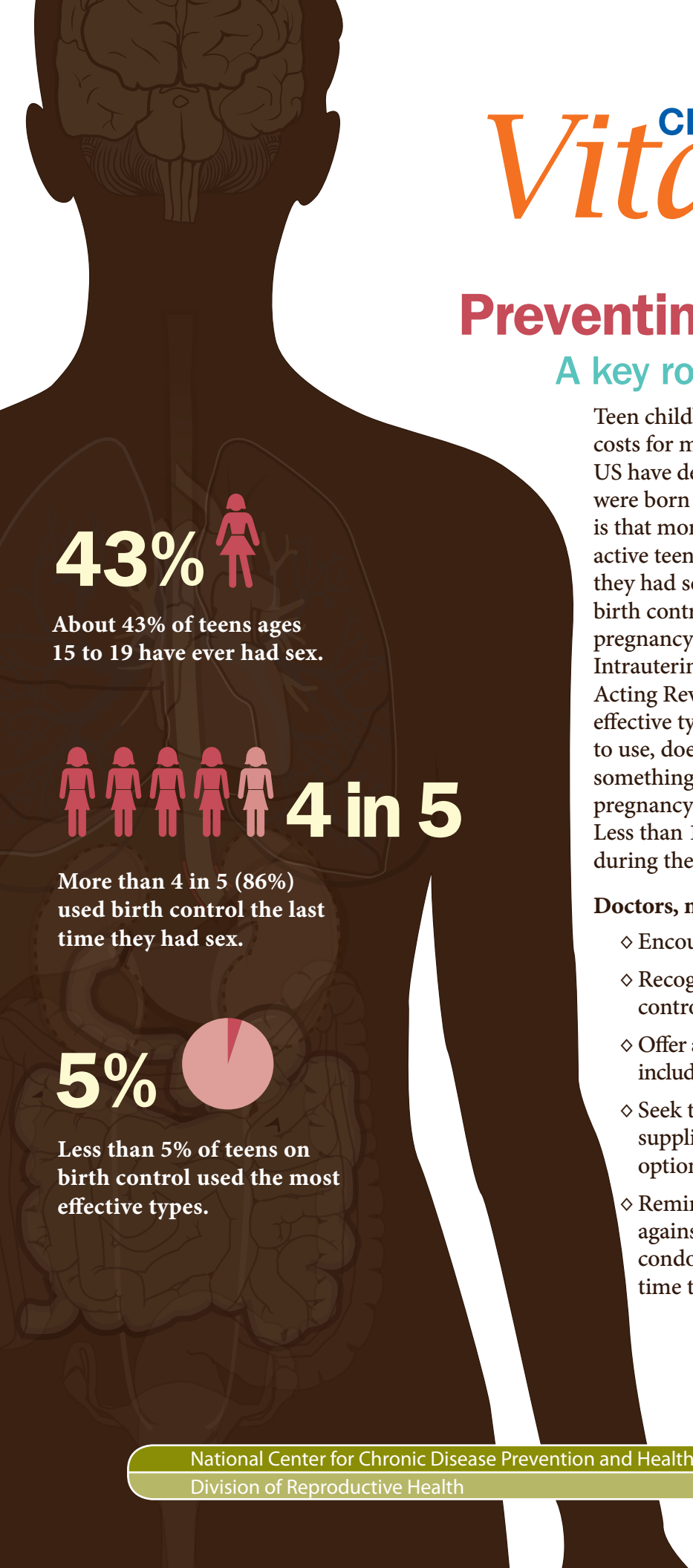

CDC Vitalsigns™

April 2015

Preventing Teen Pregnancy

A key role for health care providers

43%

About 43% of teens ages 15 to 19 have ever had sex.

4 in 5

More than 4 in 5 (86%) used birth control the last time they had sex.

5%

Less than 5% of teens on birth control used the most effective types.

Teen childbearing can carry health, economic, and social costs for mothers and their children. Teen births in the US have declined, but still more than 273,000 infants were born to teens ages 15 to 19 in 2013. The good news is that more teens are waiting to have sex, and for sexually active teens, nearly 90% used birth control the last time they had sex. However, teens most often use condoms and birth control pills, which are less effective at preventing pregnancy when not used consistently and correctly. Intrauterine devices (IUDs) and implants, known as Long-Acting Reversible Contraception (LARC), are the most effective types of birth control for teens. LARC is safe to use, does not require taking a pill each day or doing something each time before having sex, and can prevent pregnancy for 3 to 10 years, depending on the method. Less than 1% of LARC users would become pregnant during the first year of use.

Doctors, nurses, and other health care providers can:

- ◇ Encourage teens not to have sex.
- ◇ Recognize LARC as a safe and effective choice of birth control for teens.
- ◇ Offer a broad range of birth control options to teens, including LARC, and discuss the pros and cons of each.
- ◇ Seek training in LARC insertion and removal, have supplies of LARC available, and explore funding options to cover costs.
- ◇ Remind teens that LARC by itself does not protect against sexually transmitted diseases and that condoms should also be used every time they have sex.

→ See page 4

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National Center for Chronic Disease Prevention and Health Promotion
Division of Reproductive Health

Problem

Few teens (ages 15 to 19) on birth control use the most effective types.

Use of Long-Acting Reversible Contraception (LARC) is low.

◇ Less than 5% of teens on birth control use LARC.

◇ Most teens use birth control pills and condoms, methods which are less effective at preventing pregnancy when not used properly.

◇ There are several barriers for teens who might consider LARC:

- Many teens know very little about LARC.
- Some teens mistakenly think they cannot use LARC because of their age.

◇ Clinics also report barriers:

- High upfront costs for supplies.
- Providers may lack awareness about the safety and effectiveness of LARC for teens.
- Providers may lack training on insertion and removal.

Providers can take steps to increase awareness and availability of LARC.

◇ Title X is a federal grant program supporting confidential family planning and related preventive services with priority for low-income clients and teens.*

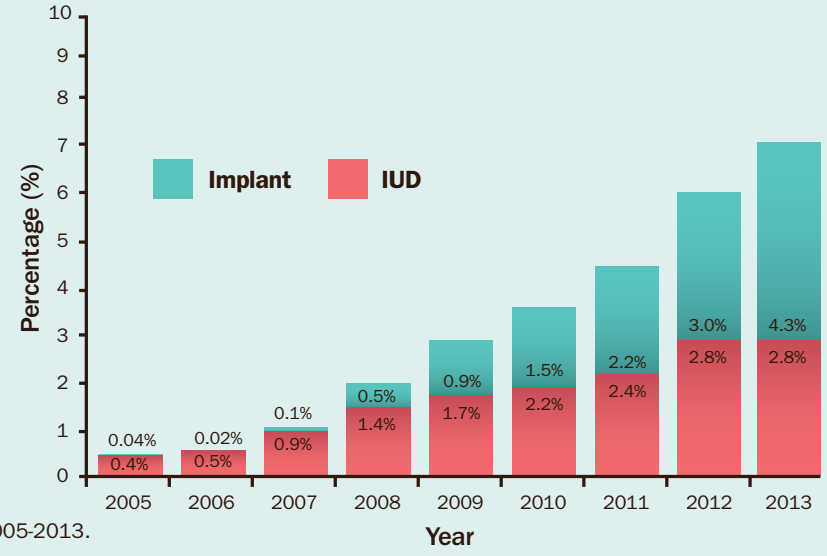
- Title X-funded centers have used the latest clinical guidelines on LARC, trained providers on LARC insertion and removal, and secured low- or no-cost options for birth control.
- Teen use of LARC has increased from less than 1% in 2005 to 7% in 2013.

◇ Other state and local programs have made similar efforts.

- More teens and young women chose LARC, resulting in fewer unplanned pregnancies.

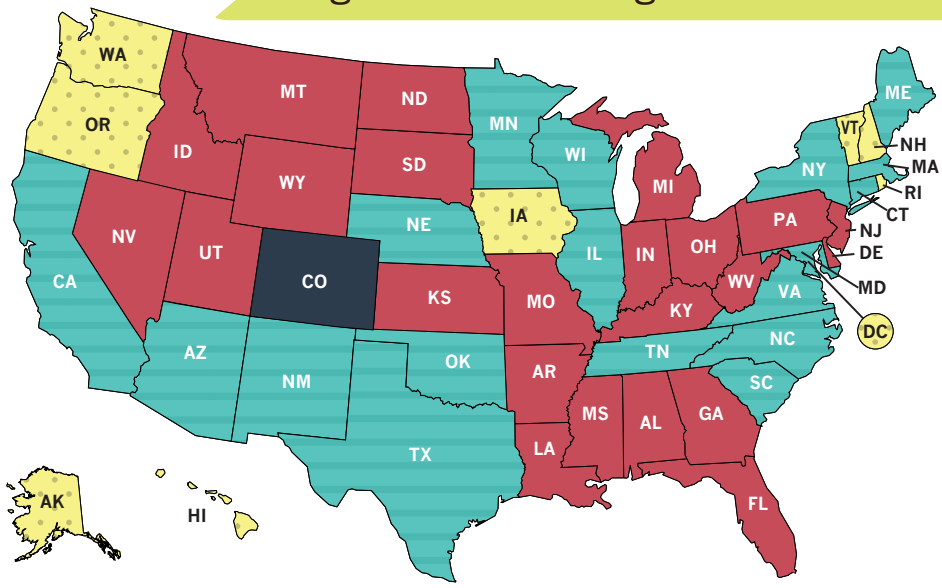
*For more information on Title X, visit: www.hhs.gov/opa/title-x-family-planning/

LARC use among teens ages 15-19 seeking birth control at Title X-funded centers



SOURCE: Title X Family Planning Annual Reports, United States, 2005-2013.

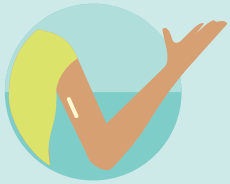
How does use of LARC vary by state among teens ages 15-19 seeking birth control at Title X-funded centers?



SOURCE: Title X Family Planning Annual Report, United States, 2013

How effective is LARC at preventing pregnancy compared with other birth control commonly used by teens?

IMPLANT



HOW TO USE IT:

- Placed by health care provider
- Lasts up to 3 years

Chances of getting pregnant:
Less than 1 out of 100 women*

IUD

HOW TO USE IT:

- Placed by health care provider
- Copper IUD lasts up to 10 years
- Progestin IUD lasts 3–5 years

Chances of getting pregnant:
Less than 1 out of 100 women*

PILL

HOW TO USE IT:

- Take at the same time each day

Chances of getting pregnant:
9 out of 100 women*

MALE CONDOM

HOW TO USE IT:

- Use correctly every time during sex

Chances of getting pregnant:
18 out of 100 women*

MOST EFFECTIVE → **LEAST EFFECTIVE**

Condoms should always be used along with the preferred birth control to protect against sexually transmitted diseases.

**Number of pregnancies per 100 women using the method within first year of typical use.*

SOURCE: Trussell J., Contraception, May 2011; www.cdc.gov/reproductivehealth/UnintendedPregnancy/Contraception.htm

What Can Be Done

The Federal government is

◇ Supporting efforts to prevent teen pregnancy by providing affordable family planning services.

◇ Developing clinical guidance for safe and effective use of birth control.
http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/Contraception_Guidance.htm

◇ Developing and evaluating programs in communities where teen births are highest.
www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/

Doctors, nurses, and other health care providers can

◇ Encourage teens not to have sex.

◇ Recognize LARC as a safe and effective first-line choice of birth control for teens, according to clinical guidelines for adolescents from the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics.

◇ Offer a broad range of birth control options to teens, including LARC, and discuss the pros and cons of each.

◇ Seek training in LARC insertion and removal, have supplies of LARC available, and explore funding options to cover costs.

◇ Remind teens that LARC by itself does not protect against sexually transmitted diseases and that condoms should also be used every time they have sex.

www www.cdc.gov/vitalsigns/LARC

www www.cdc.gov/mmwr

Parents, guardians, and caregivers can

◇ Talk with their teens about sex, including:

- Encouraging them not to have sex.
- Encouraging them to use effective birth control to prevent pregnancy, along with condoms to protect against sexually transmitted diseases.

◇ Visit a health care provider with the teen to learn about various types of birth control, including LARC.

◇ Check with their health plan(s) about coverage of preventive services. Birth control and counseling may be available for teens at no out-of-pocket cost.

Teens can

◇ Choose not to have sex.

◇ Talk openly to parents or other trusted adults and ask how they can get birth control if they choose to be sexually active.

◇ Talk with a health care provider to learn about the best types of birth control for them, and use it and condoms correctly every time.

◇ Find a nearby clinic that provides birth control. http://www.hhs.gov/opa/#clinic-widget

For more information, please contact
Telephone: 1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348
Web: www.cdc.gov
Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Publication date: April 7, 2015

CS254991-A

CDC Vitalsigns™
April 2011

Preventing Teen Pregnancy in the US

1,100

About 1,100 teen girls give birth every day.

1 of 10

1 of 10 new mothers is a teen.

$9 Billion

Teen childbearing costs US taxpayers more than $9 billion each year.

More than 400,000 teen girls, aged 15-19 years, give birth each year in the US. The media often glamorize teens having sexual intercourse and teen parenting, but the reality is starkly different. Having a child during the teen years carries high costs—emotional, physical, and financial—to the mother, father, child, and community. Parents, educators, public health and medical professionals, and community organizations all have a role to play in reducing teen pregnancy. During the past 20 years, the rate of teen girls having children has dropped by about 40% to its lowest level since records began being kept 70 years ago. Despite this good news, there is still much work to do, because teen pregnancy has such a huge impact on the future of America's children.

Learn what you can do to reduce teen pregnancies.

→ **See page 4**

Want to learn more? Visit

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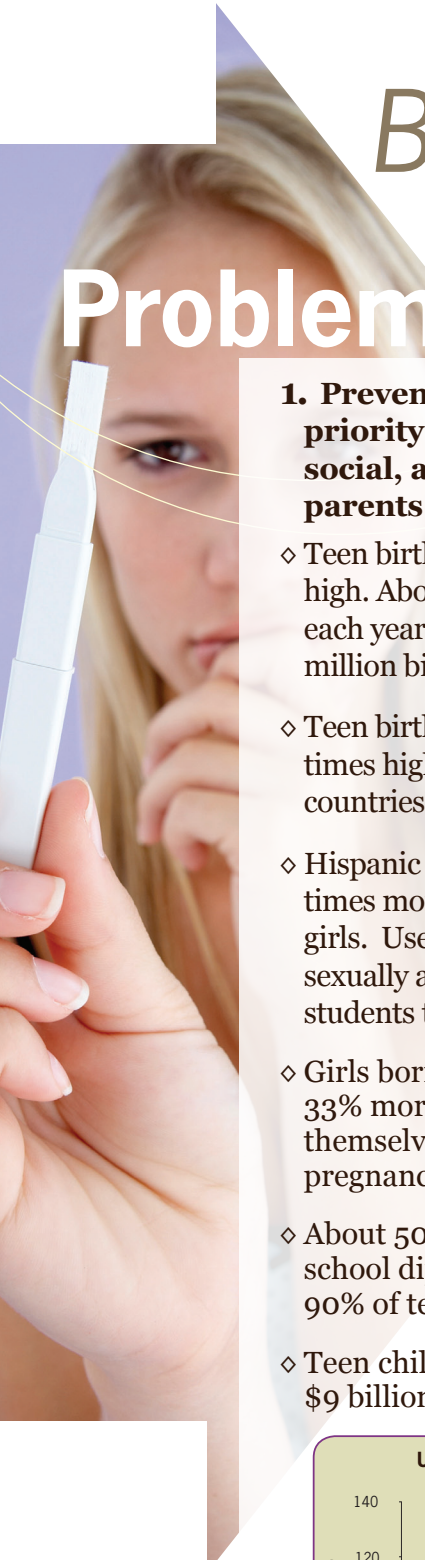


Breaking the cycle of teen pregnancy

Problem

1. Preventing teen pregnancy is a priority because of the huge economic, social, and health costs on teen parents and their families.

◇ Teen birth rates in the US are unacceptably high. About 4% of all teenage girls give birth each year. Teen births represent 10% of the 4 million births each year.

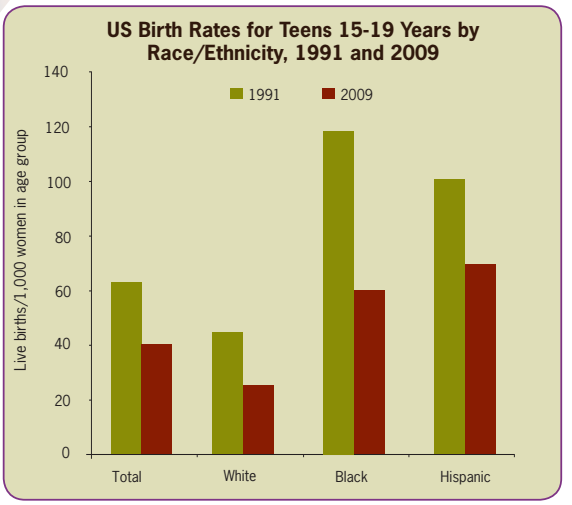
◇ Teen birth rates in the US are up to 9 times higher than in most other developed countries.

◇ Hispanic and black teen girls are about 2-3 times more likely to give birth than white teen girls. Use of birth control is lower among sexually active black and Hispanic high school students than white students.

◇ Girls born to teen parents are almost 33% more likely to become teen parents themselves, continuing the cycle of teen pregnancy.

◇ About 50% of teen mothers get a high school diploma by age 22, compared with 90% of teen girls who do not give birth.

◇ Teen childbearing costs US taxpayers about $9 billion each year.



SOURCE: National Center for Health Statistics; 2010.

2. Prevention efforts work by teaching teens how and why to delay starting sex and steps that they need to take if they become sexually active. Key components include sex education that has been shown to work, support for parent-teen communication about preventing pregnancy, and ready access to sexual and reproductive health services. Sexually active teens should have access to effective and affordable birth control.

Among high school students:

◇ Nearly half have had sexual intercourse (about 46% for both girls and boys), compared to 54% in 1991.

◇ About 12% of sexually active boys and girls did not use birth control the last time they had sex, compared to 16% in 1991.

◇ About 9% of sexually active teens used two methods (such as a condom with birth control pills or Depo-Provera, an injectable birth control) to avoid pregnancy, HIV/AIDS and other sexually transmitted diseases, compared to 5% in 1999.

Among all teens:

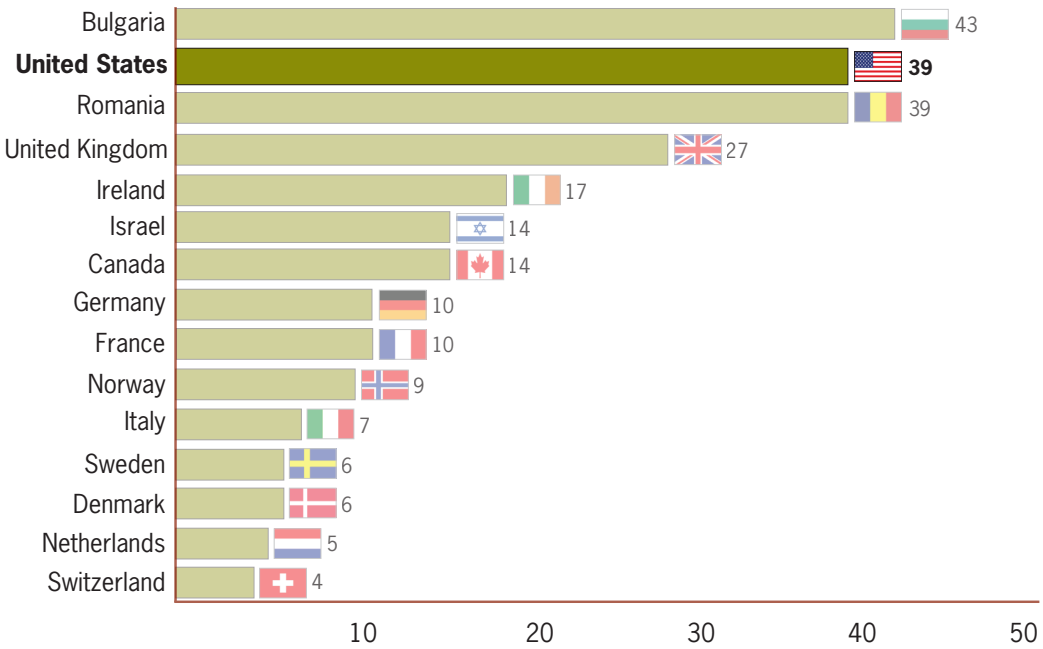
◇ About 65% of girls and 53% of boys received formal sex education about both abstinence and birth control.

◇ About 44% of girls and 27% of boys had spoken with their parents about both abstinence and birth control.

Teen Births

Teen birth rates internationally, per 1,000 girls aged 15-19 years, 2008 and 2009

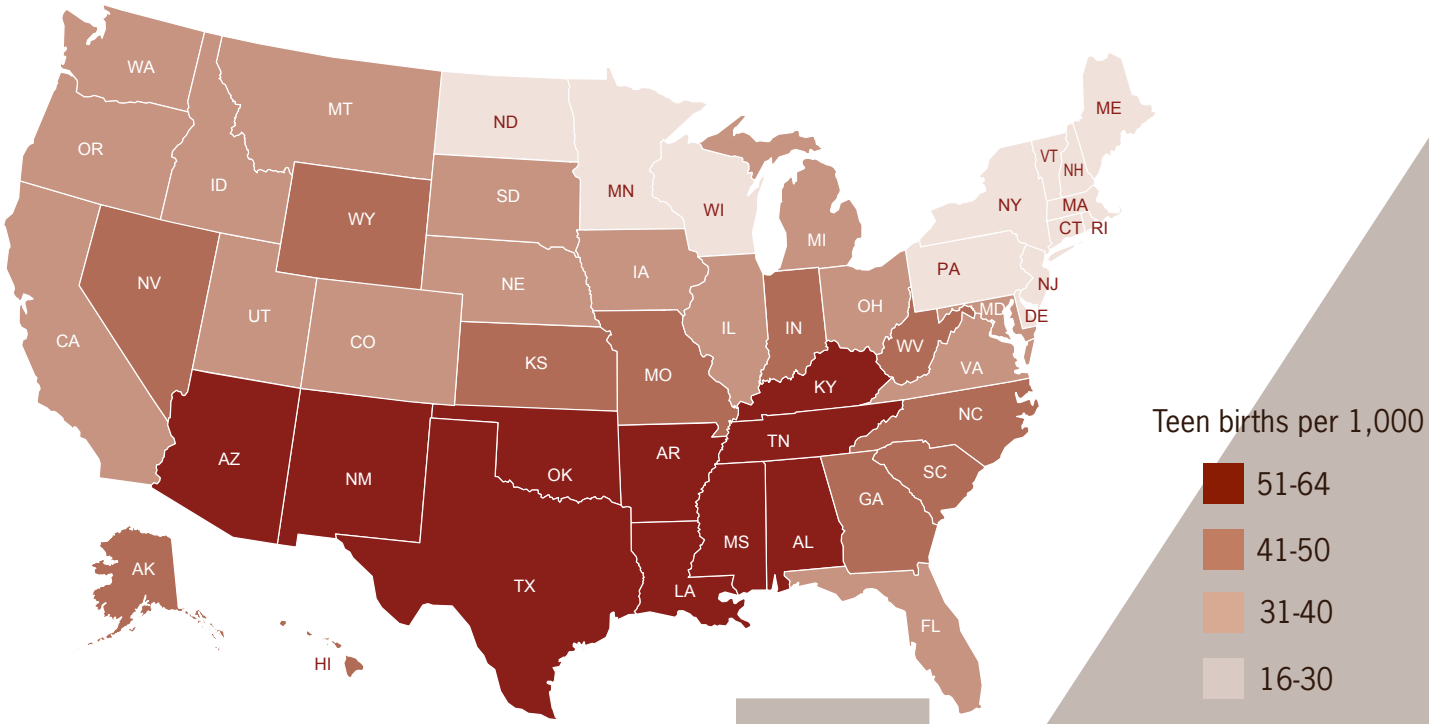
Teen birth rates in the US are higher than in some other developed countries.



SOURCE: UN Demographic Yearbook (all data for 2008, except US 2009 preliminary data).

Teen birth rates by state per 1,000 girls aged 15-19 years, 2009

Teen birth rates were lowest in the Northeast and upper Midwest and highest across the southern states.



SOURCE: National Center for Health Statistics; 2009.

What Can Be Done

The US government is

- Expanding prevention resources through the President's Teen Pregnancy Initiative, which involves the Office of Adolescent Health, Administration for Children and Families, Office of Population Affairs, CDC and many other DHHS agencies.
- Working to reach the Healthy People 2020 national objectives to reduce unintended teen pregnancy and improve adolescent health.
- Recommending programs that reach teens that have been demonstrated to work, help parents communicate with their teens, and improve sexual and reproductive health services. To learn more about CDC's role in these and other activities, visit http://www.cdc.gov/teenpregnancy.

Health care providers can

- Provide teen-friendly, culturally appropriate services for sexual and reproductive health.
- Increase the availability of birth control to sexually active teens and provide instruction on using methods consistently and correctly.
- Offer teens long-acting reversible birth control (for example, IUDs and long-acting implants).

Communities can

- Promote youth development programs that keep teens in school, offer after-school supervised activities, and teach life skills.
- Make it easy for teens who are already sexually active to get services, including birth control, other medical care, and sex education that has been proven to work.
- Support youth programs for teens at risk. These include girls who have already been pregnant, and boys and girls who have a parent or sibling who has been a teen parent, live in foster care, or attend school or programs for troubled teens.

Parents, guardians and caregivers can

- Talk to your teens about the importance of sexual and reproductive health, including delaying sex, avoiding pregnancy, using birth control, having respectful and honest relationships, and being aware of dating violence.
- Know where your teens are, what they are doing, and who they are with, particularly after school.
- Talk to community leaders about the need for effective programs that prevent teen pregnancy and address overall sexual and reproductive health.

Teens can

- Understand that both boys and girls share responsibility for avoiding teen pregnancy.
- Resist peer pressure to start having sex before you are emotionally ready.
- Talk openly about sexual health issues with parents, other adults you trust, and peers.
- If having sex, use birth control correctly and consistently every time.

www http://www.cdc.gov/vitalsigns

www http://www.cdc.gov/mmwr

CS221095B

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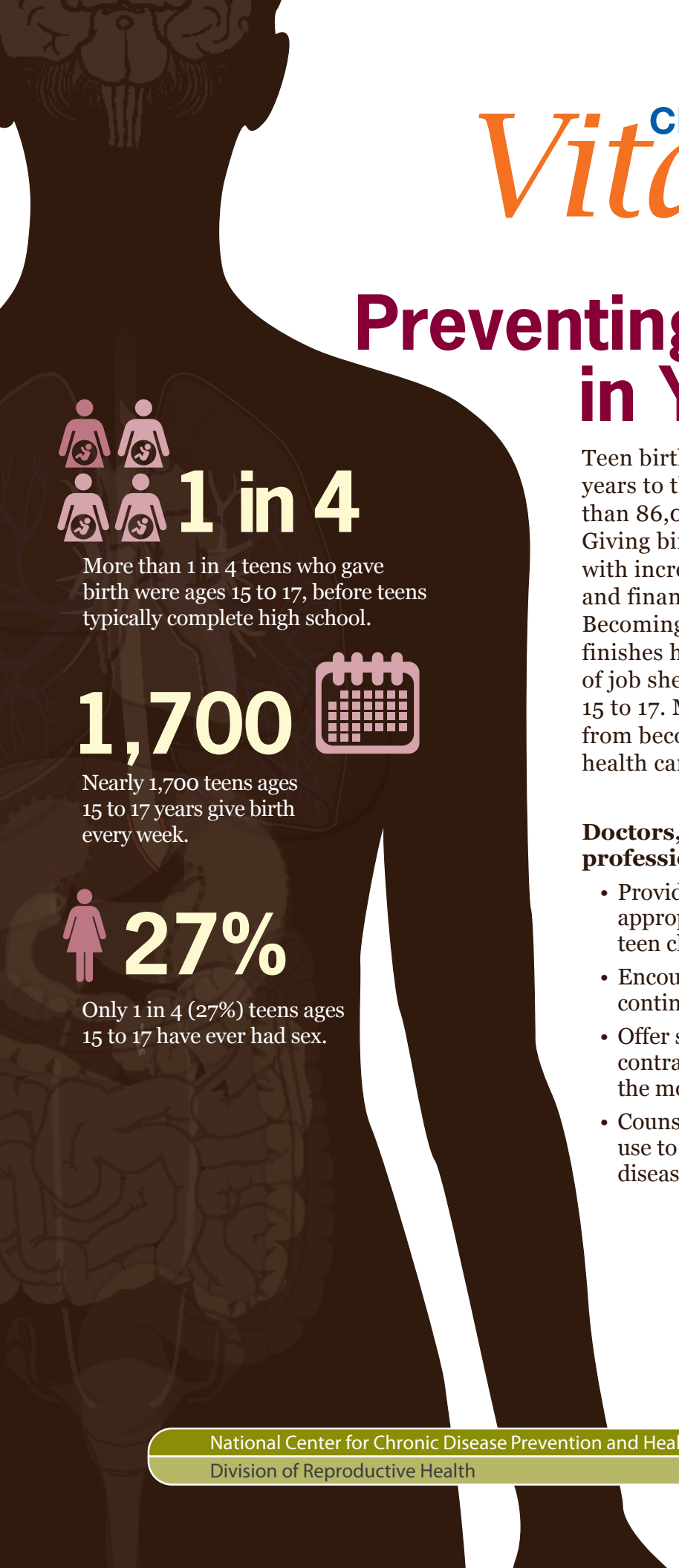
Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Publication date: 04/05/2011

CDC Vitalsigns™
April 2014

Preventing Pregnancies in Younger Teens



1 in 4

More than 1 in 4 teens who gave birth were ages 15 to 17, before teens typically complete high school.

1,700

Nearly 1,700 teens ages 15 to 17 years give birth every week.

27%

Only 1 in 4 (27%) teens ages 15 to 17 have ever had sex.

Teen births in the US have declined over the last 20 years to the lowest level ever recorded, but still more than 86,000 teens ages 15 to 17 gave birth in 2012. Giving birth during the teen years has been linked with increased medical risks and emotional, social, and financial costs to the mother and her children. Becoming a teen mom affects whether the mother finishes high school, goes to college, and the type of job she will get, especially for younger teens ages 15 to 17. More can be done to prevent younger teens from becoming pregnant, particularly in health care.

Doctors, nurses, and other health care professionals can

- Provide confidential, respectful, and culturally appropriate services that meet the needs of teen clients.
- Encourage teens who are not sexually active to continue to wait.
- Offer sexually active teens a broad range of contraceptive methods and encourage them to use the most effective methods.
- Counsel teens about the importance of condom use to prevent pregnancy and sexually transmitted diseases, including HIV/AIDS.

→ See page 4

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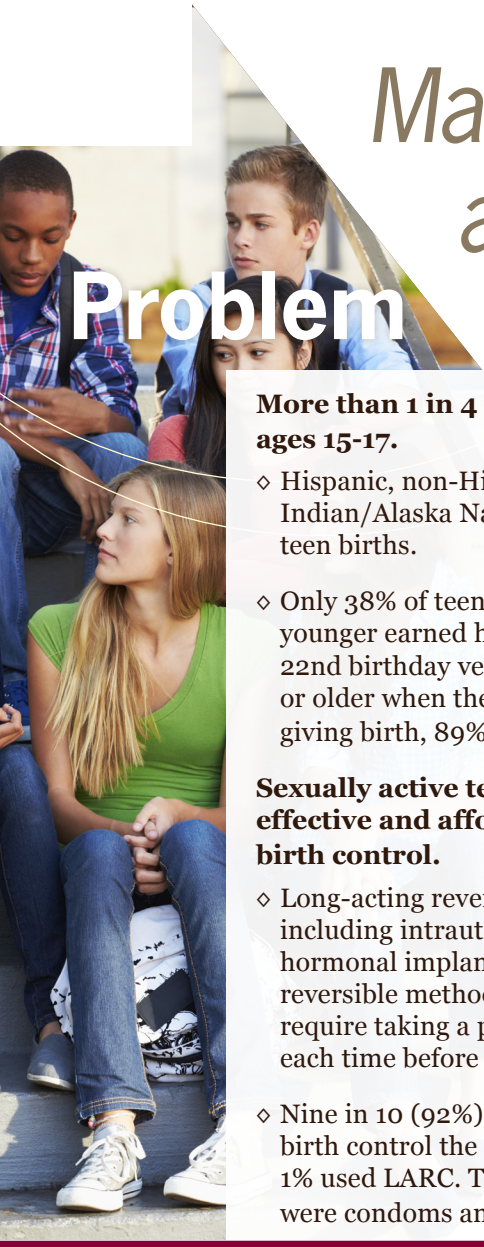
Division of Reproductive Health

Many younger teens give birth at ages 15 to 17.



Problem

More than 1 in 4 teens who give birth are ages 15-17.

- Hispanic, non-Hispanic black and American Indian/Alaska Native teens have higher rates of teen births.
- Only 38% of teens who gave birth at age 17 or younger earned high school diplomas by their 22nd birthday versus 60% of teen who were 18 or older when they gave birth. Among teens not giving birth, 89% earned high school diplomas.

Sexually active teens need ready access to effective and affordable types of birth control.

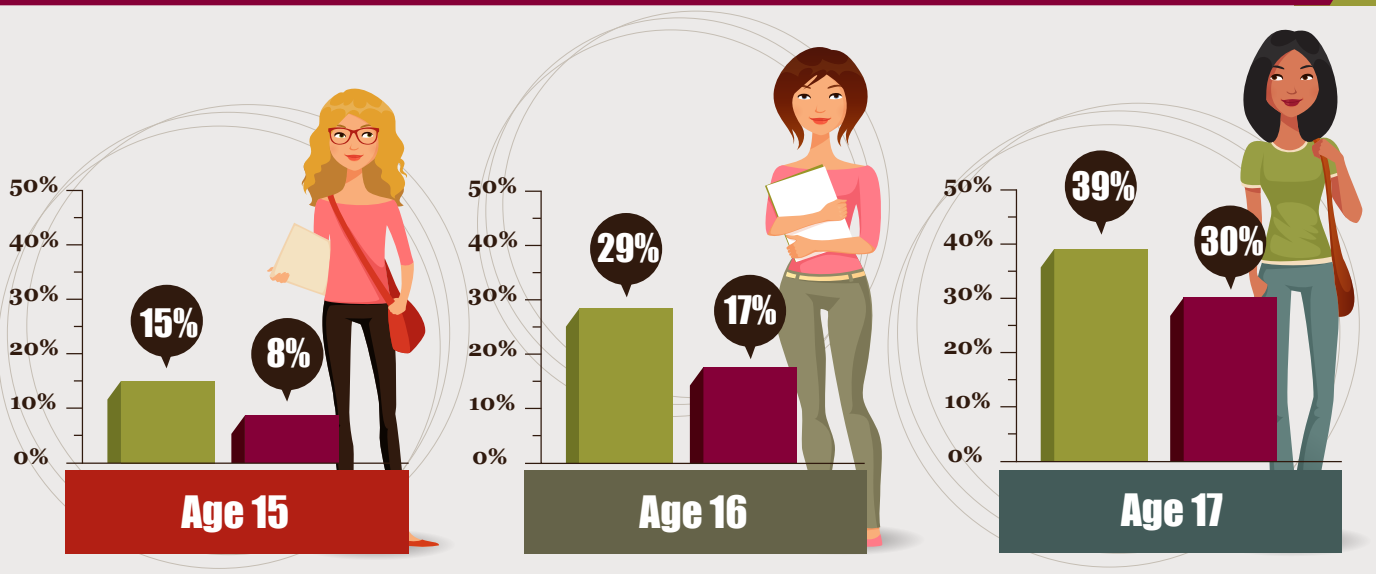
- Long-acting reversible contraception (LARC) including intrauterine devices (IUDs) and hormonal implants are the most effective reversible methods. These methods do not require taking a pill each day or doing something each time before having sex.
- Nine in 10 (92%) younger teens ages 15 to 17 used birth control the last time they had sex, but only 1% used LARC. The most common methods used were condoms and birth control pills.

There are effective ways to prevent pregnancy among younger teens ages 15-17.

- About 8 in 10 (83%) teens did not receive sex education before they first had sex. Earlier delivery of sex education may enhance prevention efforts.
- More than 7 in 10 (76%) spoke to their parents about birth control or about not having sex. Parents play a powerful role in helping teens make healthy decisions about sex, sexuality, and relationships.
- More than half (58%) of sexually active younger teens made a reproductive health visit for birth control services in the past year. Doctors and nurses could use this opportunity to discuss advantages and disadvantages of different contraceptive methods and the importance of condom use during every sexual encounter.

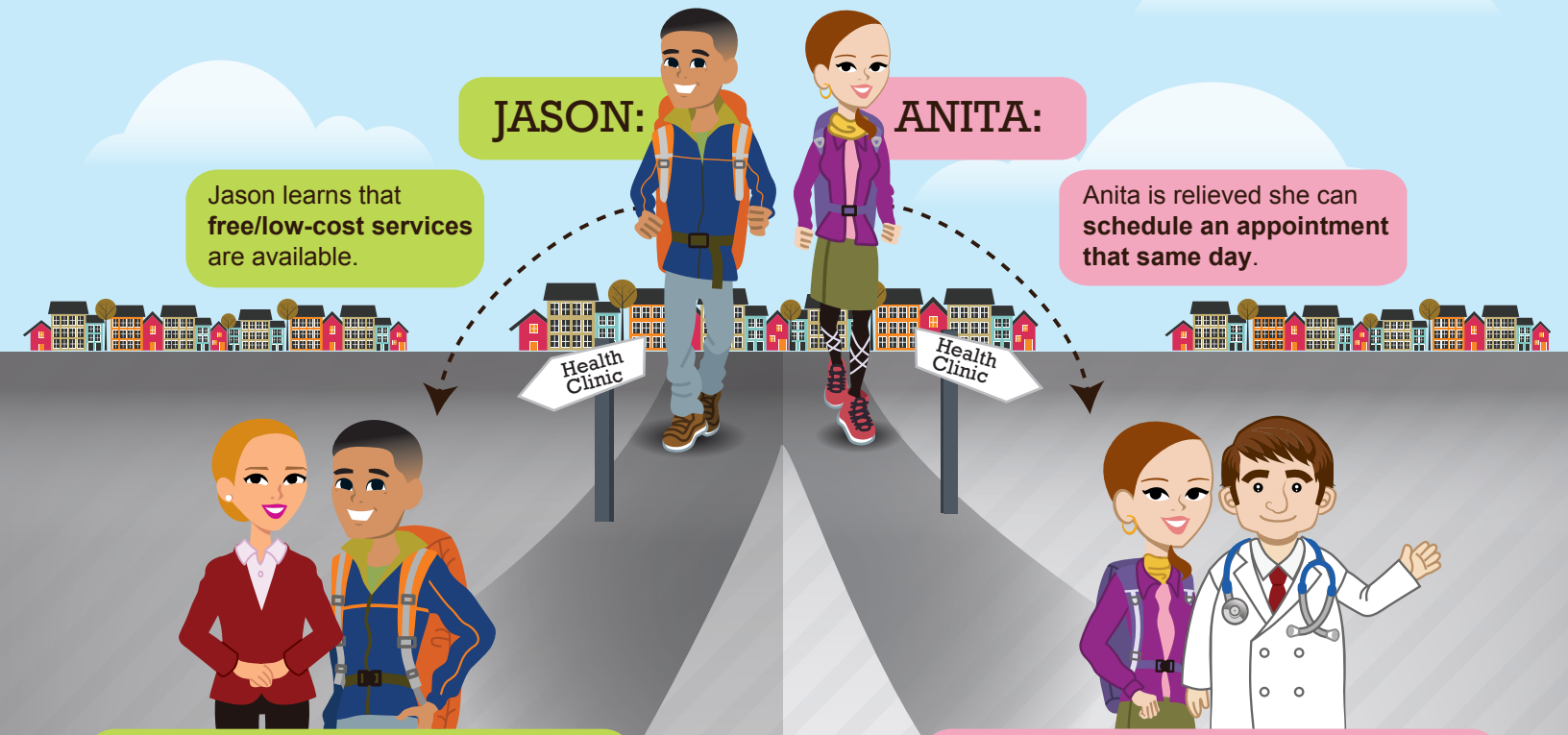
Overall, 27% of younger teens ages 15 to 17 report having ever had sex

Educate younger teens about delaying sex and effective birth control



SOURCE: CDC National Center for Health Statistics, National Survey of Family Growth, 2006-2010

Having youth-friendly reproductive health visits for teens



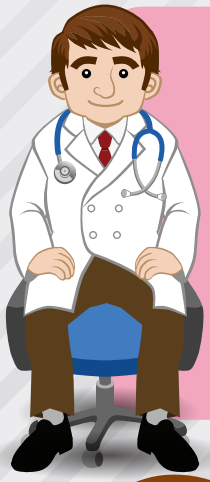
A counselor meets with Jason… in a private room and Jason explains that he **doesn't feel ready to have sex**.

Anita in a private room with doctor…

- Discusses that she is sexually active and not using birth control.
- She is **unaware of her risk of pregnancy**.

The counselor explains…

- Ways to have healthy relationships, communicate with a partner, or abstain from sex.
- That Jason can come back any time if he has questions about having sex, birth control (including condoms), or **testing for sexually transmitted diseases**.



The doctor explains…

- All methods of birth control from most to least effective and pregnancy myths and facts.
- The doctor and Anita agree on the best birth control method for her and also discuss using condoms during every sexual encounter.
- Anita **receives her birth control of choice as well as condoms before she leaves**.

Jason texts his best friend…
That he should schedule and come for his own appointment.

Anita calls a friend…
She encourages her friend to come to the clinic.

SOURCE: Adapted from http://www.cdc.gov/TeenPregnancy/TeenFriendlyHealthVisit.html

What Can Be Done

The Federal government is

◇ Developing and evaluating programs in communities where teen births are highest. http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/

◇ Supporting states in efforts to reduce pregnancies, births, and abortions among teens.

◇ Working to improve the health and social well-being of teens to reach the Healthy People 2020 national objective to reduce pregnancy in teens ages 15-17.

Doctors, nurses, and other health care providers can

◇ Encourage teens to delay sexual activity.

◇ Encourage sexually active teens to consider the most effective reversible methods of birth control. Refer to CDC guidelines: http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/Contraception_Guidance.htm

◇ Make clinic visits suitable for teens by offering convenient office hours and confidential, respectful, and culturally appropriate services. (http://www.cdc.gov/TeenPregnancy/TeenFriendlyHealthVisit.html and http://brightfutures.aap.org/pdfs/Guidelines_PDF/18-Adolescence.pdf)

◇ Talk about using condoms correctly every time during sex to prevent sexually transmitted diseases, including HIV/AIDS, even if another birth control method is used.

◇ Discuss normal physical, emotional, and sexual development with teens and parents.

www http://www.cdc.gov/vitalsigns

www http://www.cdc.gov/mmwr

Parents, guardians, and caregivers can

◇ Talk with teens about sex, including:

- Normal sexual development, and how and when to say “no” to sex.
- Having a mutually respectful and honest relationship.
- Using birth control if they have sex and a condom every time. (http://www.cdc.gov/TeenPregnancy/Parents.htm)

◇ Know where their teens are and what they are doing, particularly after school.

◇ Be aware of their teen’s use of social media and digital technology (e.g., cell phones, computers, tablets).

Younger teens can

◇ Know both they and their partner share responsibility for preventing pregnancy and resisting peer pressure to start having sex until they are older. (http://www.hhs.gov/ash/oah/resources-and-publications/info/adolescents.html)

◇ Talk openly about sexual health issues with parents, other adults they trust, and their friends.

◇ See a health care provider to learn about the most effective types of birth control and use it and condoms correctly every time.

For more information, please contact
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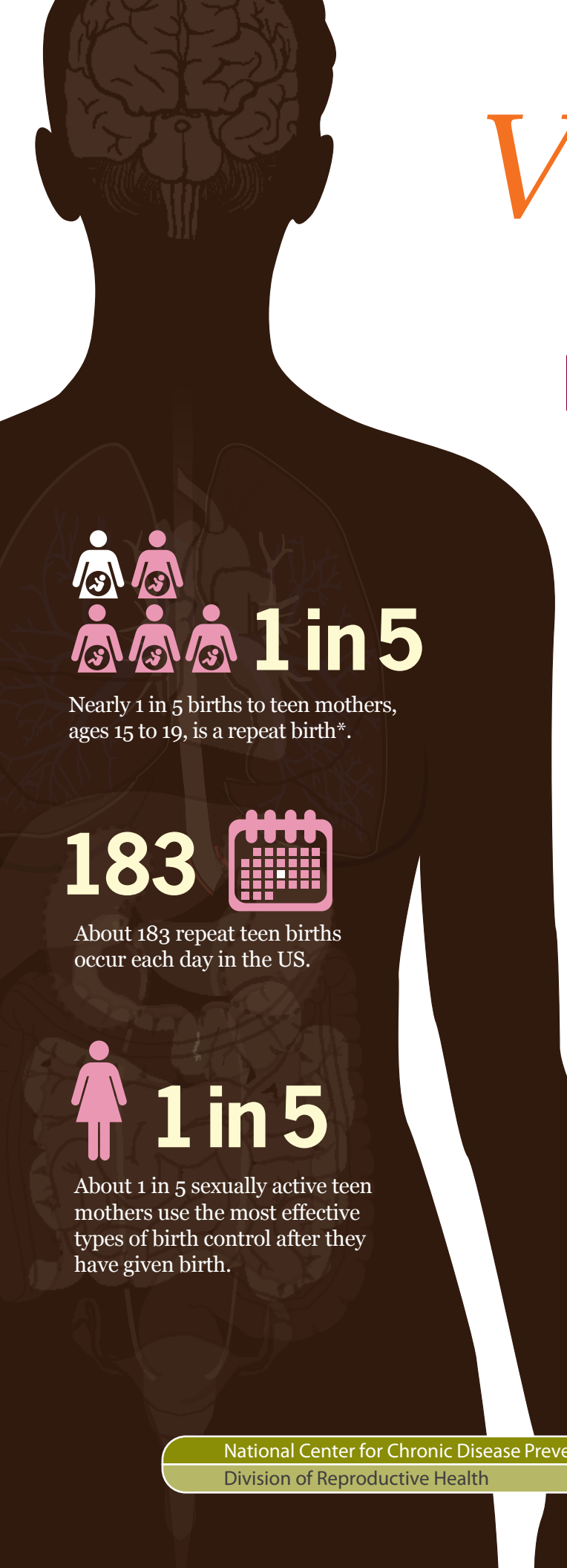

CDC Vitalsigns™

April 2013

Preventing Repeat Teen Births

Although teen birth rates have been falling for the last two decades, more than 365,000 teens, ages 15–19, gave birth in 2010. Teen pregnancy and childbearing can carry high health, emotional, social, and financial costs for both teen mothers and their children. Teen mothers want to do their best for their own health and that of their child, but some can become overwhelmed by life as a parent. Having more than one child as a teen can limit the teen mother's ability to finish her education or get a job. Infants born from a repeat teen birth are often born too small or too soon, which can lead to more health problems for the baby.

Repeat teen births can be prevented.

Health care providers and communities can:

- Help sexually active teen mothers gain information about and use of effective types of birth control.
- Counsel teens that they can avoid additional pregnancies by not having sex.
- Connect teen mothers with support services that can help prevent repeat pregnancies, such as home visiting programs.

*A repeat teen birth is the 2nd (or more) pregnancy ending in a live birth before age 20.

1 in 5

Nearly 1 in 5 births to teen mothers, ages 15 to 19, is a repeat birth*.

183

About 183 repeat teen births occur each day in the US.

1 in 5

About 1 in 5 sexually active teen mothers use the most effective types of birth control after they have given birth.

→ See page 4

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National Center for Chronic Disease Prevention and Health Promotion
Division of Reproductive Health

Problem

Too many teens, ages 15–19, have repeat births.

Nearly 1 in 5 births to teens, ages 15–19, are repeat births.

- Most (86%) are 2nd births.
- Some teens are giving birth to a 3rd (13% of repeat births) or 4th up to 6th child (2% of repeat births).
- American Indian and Alaskan Natives, Hispanics, and black teens are about 1.5 times more likely to have a repeat teen birth, compared to white teens.
- Infants born from a repeat teen birth are often born too small or too soon, which can lead to more health problems for the baby.

Working together, a sexually active teen and her doctor or other health care professional can decide on the best birth control method.

- More than 9 in 10 (91%) sexually active teen mothers used some form of birth control, but only about 1 in 5 (22%) used the most effective types of birth control.
- White (25%) and Hispanic (28%) teen mothers are almost twice as likely as black teen mothers (14%) to use the most effective types of birth control.
- Long-acting reversible birth control can be a good option for a teen mother because they do not require her to do something on a regular basis – such as take a pill each day.
- Hormonal implants and IUDs are two types of long-acting reversible birth control. These are some of the most effective forms of birth control.

1. How many teens have repeat births?

There were 365,000 births to teens, ages 15–19, in 2010

66,800 repeat births

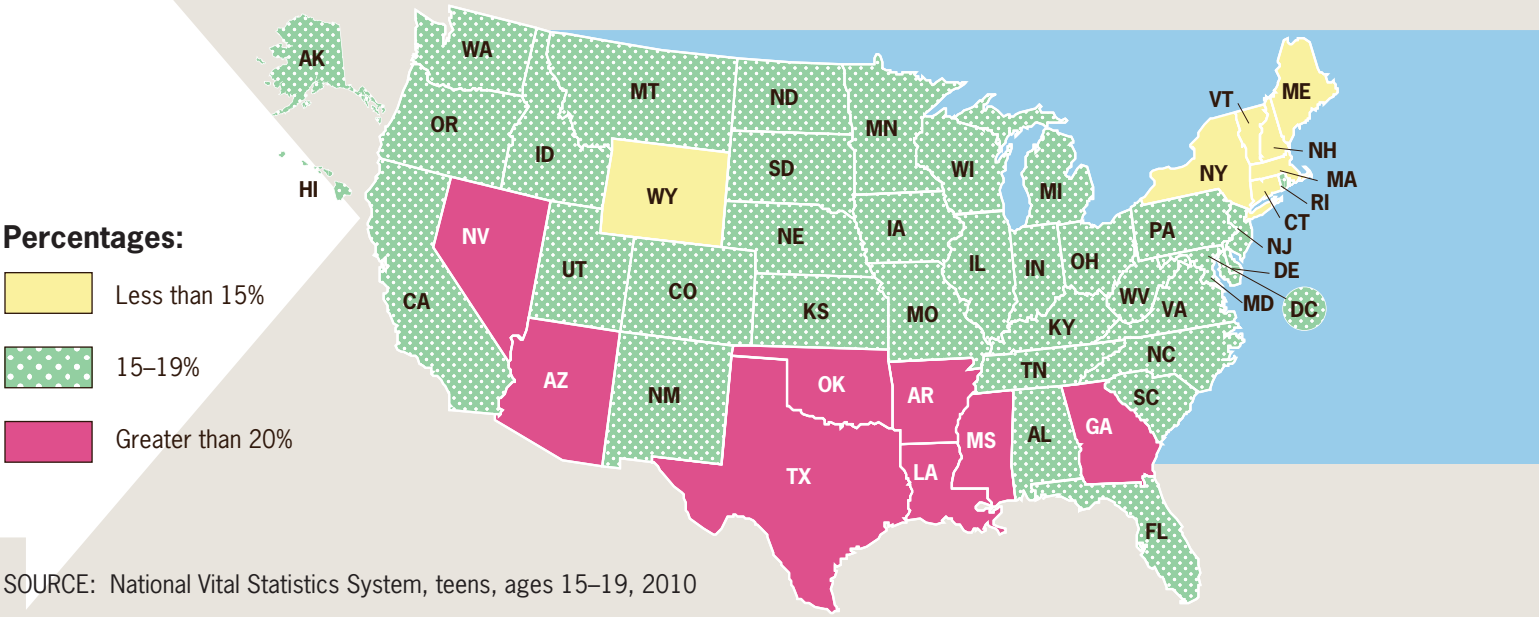
57,200 were 2nd births

8,400 were 3rd births

1,200 were 4th births or higher

SOURCE: National Vital Statistics System, teens, ages 15–19, 2010

2. Which states have the highest percentages of repeat teen births?



SOURCE: National Vital Statistics System, teens, ages 15–19, 2010

3. How effective are different birth control methods?

Sexually active teens should use condoms to prevent sexually transmitted diseases and consider using another type of birth control to further reduce the risk of pregnancy.

Risk of pregnancy with typical use	Type of birth control*	How to use it
Less than 1 pregnancy per 100 women in a year	**Implant**	• Placed by health care provider • Lasts up to 3 years
	Intrauterine devices (IUDs)	• Placed by health care provider • Copper IUD — Lasts up to 10 years • Progestin IUD — Lasts 3–5 years
6-12 pregnancies per 100 women in a year	**Injectable**	• Given by health care provider • 1 shot every 3 months
	Patch	• Apply a new patch each week for 3 weeks (21 total days) • Don't wear a patch during the 4th week
	Ring	• Place ring into the vagina yourself • Keep the ring in your vagina for 3 weeks, and then take it out for 1 week
	Pill	• Swallow a pill every day
	Diaphragm	• Use correctly every time you have sex
18 or more pregnancies per 100 women in a year	**Male condom**	• Use correctly every time you have sex
	Female condom	• Use correctly every time you have sex
	Sponge	• Use correctly every time you have sex
	Rhythm method	• Use correctly every time you have sex
	Spermicide	• Use correctly every time you have sex
	Withdrawal	• Use correctly every time you have sex

**The most effective methods also include sterilization, but because this method is very infrequently used by teens, it was not included in the table.*

SOURCE: Adapted from Trussell J in Contraceptive Technology, 2011, and FDA Office of Women's Health Birth Control Guide http://www.fda.gov/downloads/ForConsumers/ByAudience/ForWomen/FreePublications/UCM282028.pdf

What Can Be Done

Federal government is

- Funding states and tribes through the Pregnancy Assistance Fund to provide pregnant and parenting teens with a complete network of support services.
- Promoting home visiting and other programs shown to prevent repeat teen pregnancy and reduce sexual risk behavior.
- Conducting and evaluating programs that work, as well as innovative approaches to reduce teen pregnancy and births in communities with the highest rates.
- Helping other groups with information to duplicate teen pregnancy prevention programs that have been shown to be effective through rigorous research. http://www.hhs.gov/ash/oah/oah-initiatives/tpp/tpp-database.html

Doctors, nurses, and other health care professionals can

- Discuss with sexually active teens the most effective types of birth control to prevent repeat pregnancies. Refer to CDC guidelines: http://www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm
- Counsel parenting teens on how they can avoid additional pregnancies by not having sex.
- Advise teen mothers that births should be spaced at least 2 years apart to support the health of the baby, and that having more than one child during the teen years can make it difficult for teen parents to reach their educational and work goals.
- Remind sexually active teens to also use a condom every time to prevent sexually transmitted diseases, including HIV/AIDS.

Parents, guardians, and caregivers can

- Talk about how to avoid repeat births with both male and female teens. http://www.cdc.gov/teenpregnancy/parents.htm
- Check with your insurer about coverage of preventive services. In some cases, preventive services, such as birth control methods and counseling, are available with no out-of-pocket costs.
- Talk with community leaders, including faith-based organizations, about using effective programs that can help prevent repeat teen pregnancies.

All teens, including teen parents, can

- Choose not to have sex.
- Use birth control correctly every time if they are having sex. Use condoms every time to prevent disease.
- Discuss sexual health issues with their parents, partner, health care professionals, and other adults and friends they trust.
- Visit http://www.hhs.gov/opa to find a family planning clinic near them for birth control if they choose to be sexually active.

For more information, please contact
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TTY: 1-888-232-6348
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CS238394B

Books Before Babies

Mississippi and Arkansas are leading the country in a new effort to prevent unplanned pregnancies among young adults.

BY KATE BLACKMAN

Kate Blackman is a policy specialist in NCSL's Health Program.

Mississippi Senator Sally Doty (R) was surprised to learn that the majority of teen pregnancies occur in 18- and 19-year-olds. "That is just not what you think when you hear 'teen pregnancy,'" she says. "The myth out there is that it's all these young girls, but it's not. It's our older teens."

Senator Sally Doty Mississippi

She learned about the extent of the problem and some promising efforts by community colleges to tackle the issue while serving on the governor's task force on teen pregnancy prevention. Higher education seemed the ideal place to focus efforts "so we could have the most effect."

Doty drafted pioneering legislation that requires community colleges and universities to develop a plan to address unplanned pregnancy. Many states have educational programs aimed at adolescents in middle or high school, but post-secondary efforts have been limited to individual colleges. No state had ever tried a similar statewide approach to address the high rate of pregnancy among this age group.

The act delineated eight different areas the plan should address—such as incorporating information on preventing an unplanned pregnancy into orientation and "student success courses," raising awareness through academic classes, collaborating with health care centers and identifying ways to support student parents—but it was not prescriptive in the details, leaving most decisions up to the colleges.

"We have a great system of community colleges in Mississippi … and they are the experts in the field of reaching 18- and 19-year-olds," Doty says. "We didn't want to tell them what would be best for their schools. We wanted them to come up with their own individualized plans."

The bill passed in 2014. Doty says many of her legislative colleagues also were surprised by the statistics and in favor of taking a different approach. Doty also credits the bill's passage to the governor's support. "You don't see too many Republican governors, or any governors at all, saying they want to address teen pregnancy," she says.

Arkansas Joins In

The Arkansas General Assembly followed Mississippi's lead by passing a nearly identical bill in 2015. Representative Deborah Ferguson (D), one of the bill's sponsors, was surprised, like

Doty, that three-fourths of the teen pregnancies in her state involved 18- and 19-year-olds. "I probably watch too much reality TV—but I thought it was '16 and Pregnant,'" she says, referring to the MTV series. "That was a shocking statistic for me."

Representative Deborah Ferguson Arkansas

Ferguson learned about Mississippi's bill at a forum hosted by the National Campaign to Prevent Teen and Unplanned Pregnancy and decided to support a similar effort in her home state. Ferguson and Representative Robin Lundstrum (R) sponsored the legislation, which, like Mississippi's, requires colleges to develop a plan to address unplanned pregnancy.

"No sense in reinventing the wheel," Ferguson says.

In both states, the bills easily won bipartisan support and made these two Southern states—among those with the highest teen pregnancy rates in the nation—leaders in prevention efforts.

Keeping Goals Alive

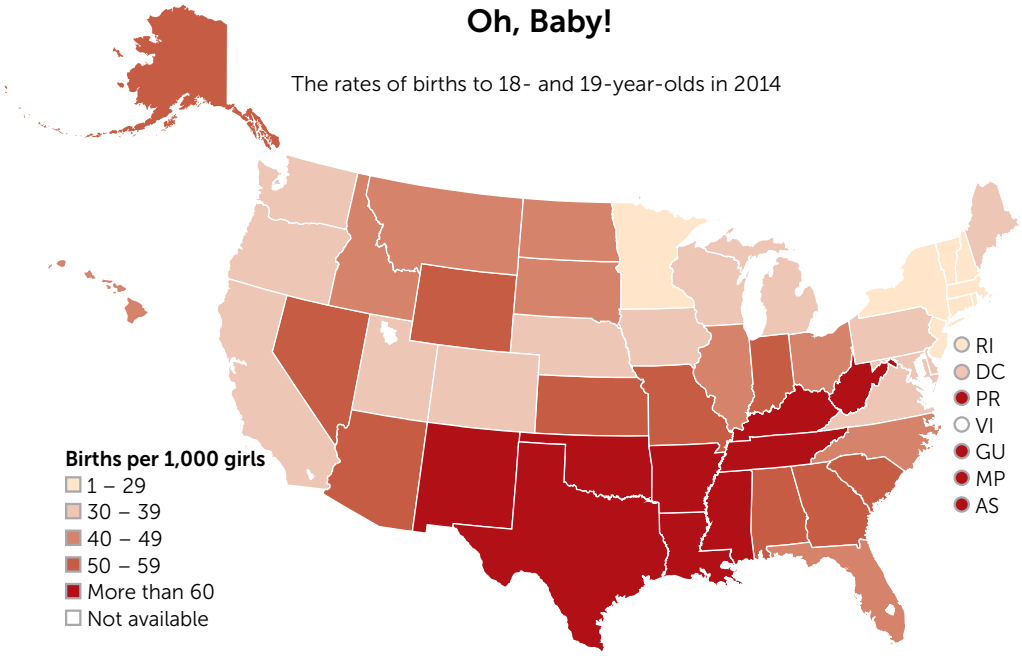
In Mississippi and Arkansas—and across the nation—18- and 19-year-olds account for around 70 percent of teen pregnancies and births. About 180,000 babies were born to this age group nationally in 2014. These young people are typically finishing high school and, if not going straight into the job market, are entering community colleges or four-year universities. An unplanned pregnancy can not only disrupt the educational and career goals of the young parents, but also hinder their children's prospects in the future.

"Being a college student is difficult enough as it is," says Kell Smith, director of communications and legislative services for the Mississippi Community College Board, citing challenges such as tuition cost and time management. "When you throw an unplanned pregnancy into the equation, it makes it that much more difficult."

The data illustrate this dynamic. Nationally, nearly 1 in 10 female community college students drop out because of unplanned motherhood. Among students who have children after enrolling in community college, 61 percent do not complete their degrees. It's not that the students don't recognize the potential difficulties—80 percent report that having a child while in school would make it more challenging to achieve

Oh, Baby!

The rates of births to 18- and 19-year-olds in 2014



Note: Statistics were not available for the U.S. Virgin Islands.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, 2015.

TEEN PREGNANCY
By the Numbers

1 in 4
Teens who will get pregnant by age 20

1 in 5
Teen moms who will have a second child before age 20

72%
Proportion of teen births to 18- and 19-year-olds

$9.4 billion
Annual cost to taxpayers associated with teen childbearing

51%
Percent of all pregnancies that are unplanned

61%
Decrease in teen birth rate since 1991

89%
Proportion of teen births to unmarried women

64%
Percent of high school students who have had sex by the 12th grade

61%
Proportion of community college students who don't complete a degree after having a child

Sources: The National Campaign to Prevent Teen and Unplanned Pregnancy, 2016, and the Centers for Disease Control and Prevention, 2015.

their goals.

Post-secondary education is becoming increasingly important to young people's career and financial success. It also has implications for the competitiveness of a state's workforce. "In today's global economy, it is not good enough to have just a high school diploma," Smith says.

In addition to curtailing students' educational goals and limiting their future earnings potential, unplanned births also affect states' bottom lines. Young mothers and their children are more likely than others to live in poverty or depend on public assistance programs. And children born to teen parents are less likely than their peers to earn a high school diploma—around 66 percent compared with 81 percent.

When factoring in the estimated costs to the health care, foster care and justice systems, along with the lower wages and reduced earnings associated with less education, teen childbearing cost U.S. taxpayers at least $9.4 billion in 2010, according to the National Campaign to Prevent Teen and Unplanned Pregnancy. In Arkansas and Mississippi, those costs were $129 million and $137 million, respectively.

The Plan Moves Forward

To create its plan, Mississippi's working group met in summer 2014 with a broad group of stakeholders from across the state, listening to experts, sharing information and engaging in discussions. "We all know [teen pregnancy] is a problem … but when we saw the impact it had on our state, that's when we really started to take notice," says Adam Breerwood, president-elect of Pearl River Community College and co-chair of the working group. "This is going to be a generational problem for years to come if we don't start to curtail some of this."

In November 2014, as directed by the legislation, the group submitted its report to the Legislature. It emphasized the "3 C's: clinics, curriculum and counseling," says Smith, of the state's Community College Board, and it offered strategies and options for colleges to choose from in each of the eight areas identified in the act.

The attention to clinics relates to providing student health services on campus or in the community. Through a survey, the group found that only five community colleges had health clinics, Smith says. The group also incorporated unplanned pregnancy topics into its curricula, and provided for counseling to "educate students on decisions they make and how they can affect not just their own future, but also the future of their children and their family," he says.

The report provides a framework—or road map—to guide each college or university when deciding what is most appropriate for its students. The working group asked for $50,000 for each community college and university to carry out its plan. Last year, the Mississippi Legislature appropriated a total of $250,000 for all 15 community colleges, which was distributed based on the size of the institution.

So far, the majority of the community colleges have incorporated unplanned pregnancy prevention efforts into class curricula to educate students, says Smith. They have also used funds to bring in speakers and experts, hire part-time nurses and create promotional or marketing materials to build awareness of the risks and consequences of unplanned pregnancy.

At Pearl River Community College, Breerwood says officials hit the ground running. They enlisted student groups to help raise awareness about unplanned pregnancy and how students' daily decisions can affect their futures.

The college brought in nurses, hosted orientation sessions, conducted dorm meetings, held a concert and even put on a race as part of the activities this past fall. "It had to take a full college effort," Breerwood says, including the students, because "that's who the other students are going to listen to."

Data on how successful the community colleges' efforts were will be available this summer. So far, students appear to find the information valuable.

As part of Hinds Community College's efforts, students participated in online lessons about unplanned pregnancy and college completion developed by the National Campaign to Prevent Teen and Unplanned Pregnancy. One student wrote in the evaluation: "I am a single parent of two kids. I understood every statement and wish I would have known about this … sooner. As of now, I am taking all precautions to prevent any other pregnancies until marriage."

Doty, Breerwood and Smith say they've made progress in the state. "I think we have made a tremendous impact this fall," Breerwood says. He hears it "in the conversations our students are having."

Looking Ahead

Breerwood has big ideas for the future, from hiring a new employee dedicated to student retention and unplanned pregnancy to including other members of the community in the conversation, like high school students, to learn about the issues.

Although many of the efforts in Mississippi to date have been low- or no-cost, the future success of some of these ideas may depend on the Legislature. Community colleges are asking for $750,000 this year—an additional $500,000 to continue their work. An economic analysis of the budget request estimates that the efforts could save Mississippi $541,000 annually in state agency spending, which could then be used for other programs.

Arkansas' working group submitted its plan in November 2015, and will begin implementing it in the fall, says Ferguson.

"It is neat that Mississippi is leading the way on this," says Smith, with the Mississippi Community College Board. "You have two states in the South that recognize, first of all, the importance of higher education, and second, the issues that could prevent someone from earning an associate or a bachelor's degree, and we're working toward addressing those, which will only help the state in the long run."

UNPLANNED PREGNANCY AND FUTURE OPPORTUNITIES

June 2016

The U.S. teen birth rate is at an all-time low and the unplanned pregnancy rate, among women of all ages, recently reached a 30-year low. Despite these positive trends, rates are still high compared to similar countries and dramatic disparities remain. Teen and unplanned pregnancy can hinder future opportunities for young parents and their children, and have significant costs for states.

Even with the recent decline, about 45 percent of all pregnancies in the U.S. are unplanned, as reported by women themselves. Among women ages 20 to 24, approximately one in 12 experiences an unplanned pregnancy each year. And significant disparities in unplanned pregnancies remain between socioeconomic and racial and ethnic groups. The unplanned pregnancy rate among women living in poverty is more than five times higher than women with the highest incomes.

Pregnancy planning is also important for those who already have children. Among unmarried women in their 20s, 75 percent of unplanned pregnancies are among women who have already had at least one pregnancy.

The story is similar for teens. Despite plummeting rates in recent years, approximately one in four teens will become pregnant at least once by age 20, and great disparities persist between race and ethnic groups, rural and urban teens, and age groups. Older teens (ages 18 to 19) are four times more likely to become parents than are younger teens (ages 15 to 17). In addition, the older teen birth rate is declining at a slower rate than the younger teen birth rate.

Older teens and young women in their early 20s are typically finishing high school and entering the job market, or pursuing postsecondary education. Delaying or planning for children can help young people achieve their goals for their education, career and family.

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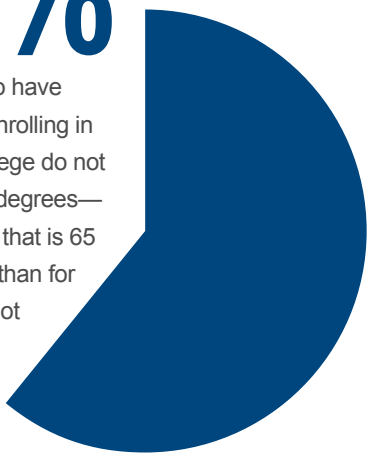
61%

of students who have children after enrolling in community college do not complete their degrees—an attrition rate that is 65 percent higher than for those who do not have children during college.



$12 billion

The annual cost in publicly funded medical care for unplanned pregnancies among women of all ages.

Costs and Consequences

- Teen and unplanned pregnancy can have short- and long-term effects for family economic success, as well as child health and well-being. Teen and unplanned births also incur significant costs to states in areas such as health care, foster care and criminal justice.
- Teen childbearing cost federal, state and local taxpayers at least $9.4 billion in 2010.
- Teen mothers, on average, have lower educational attainment and are more likely to live in poverty compared to their peers. In fact, nearly half of teen mothers ages 15 to 19 have incomes below the poverty line.
- Women with an unplanned pregnancy are less likely to receive prenatal care, increasing the risk of premature birth.
- Children born as a result of an unplanned pregnancy have poorer health, on average, compared to other children.

By the Numbers

72% of all teen births are to older teens (ages 18-19).

45% of all pregnancies in the U.S. are unplanned.

Impact on Education

Unplanned pregnancy can disrupt young people's educational and career goals, limit earning potential, and affect their children's health and educational outcomes. New responsibilities, demands on time and financial stress that can be associated with an unplanned pregnancy or having another child can make it more difficult to achieve educational goals.

As postsecondary education is increasingly important in the competitive job market, curtailed educational attainment is likely to limit the career and earning potential of young parents, putting them and their families at increased risk of living below the poverty line and having poor health outcomes. This leads to costs for states, as well, in public assistance programs and lost tax revenue.

Data support the challenges that teens and young women with an unplanned pregnancy face in reaching their educational goals. Only about half of teen mothers receive a high school diploma by age 22. Eighty-two percent of community college students report that it would be more challenging to reach their goals if they had a child while in school. Nationally, nearly one in 10 female community college students drops out because of unplanned motherhood.

There are also significant intergenerational effects. Children born as a result of an unplanned pregnancy have poorer measures of behavioral and educational success, compared to their peers. Sixty-six percent of children born to teen parents earn a high school diploma, compared to 81 percent of children not born to a teen mother.

Policy Options

Due to the high costs of unplanned pregnancy for young women, families and states, reducing such pregnancies can help create economic opportunity. State leaders may wish to consider the following policy options for preventing teen and unplanned pregnancy:

- **Invest in evidence-based programs.** Since 2010, the federal government has provided grants to support evidence-based teen pregnancy prevention programs through the Teen Pregnancy Prevention Program (TPPP) and the Personal Responsibility Education Program (PREP). State leaders may look to the evidence-based policies and program models supported by the two initiatives as examples of effective interventions to address teen pregnancy in their communities.
- **Integrate pregnancy planning and prevention into human services, education, workforce and other initiatives** that support youth and young families. For example, ensure that programs focused on supporting young parents, including home visiting programs, also focus on helping delay or space a subsequent pregnancy. In addition, ensure that young people transitioning out of foster care receive relevant information and health care to help them avoid unplanned pregnancy.
- **Ensure access to information and services.** Lack of relevant knowledge about how to prevent pregnancy, as well as lack of access to effective prevention services, are frequent barriers to preventing unplanned pregnancy. Mississippi and Arkansas recently enacted innovative policies to address these challenges by requiring community colleges and public universities to develop a plan to address unplanned pregnancy on their campuses. The plans include efforts such as incorporating information on unplanned pregnancy into courses, conducting public awareness campaigns and increasing student access to health services. In addition, at least 19 states and the District of Columbia allow Medicaid to reimburse for long-acting reversible contraceptives (LARC) immediately postpartum, which can help prevent a subsequent unplanned pregnancy.
- **Focus efforts on groups with the greatest need.** State leaders may wish to identify the disparities in unplanned pregnancy in their communities, in order to maximize scarce resources and ensure that efforts address groups most in need of services. For example, states may choose to focus programs or other efforts in rural regions, which often have higher teen birth rates than urban and suburban areas, or where there may be unique health care access challenges. Mississippi and Arkansas' recent policies also targeted age groups with the highest teen pregnancy rates by focusing on college campuses.

Resources

- **NCSL Teen Pregnancy Prevention**
  www.ncsl.org/Default.aspx?TabId=23141
- **The National Campaign to Prevent Teen and Unplanned Pregnancy**
  www.thenationalcampaign.org

National Conference of State Legislatures

LEGISBRIEF

Briefing Papers on the Important Issues of the Day

April 2016 Vol. 24, No. 16

Evidence-Based Policies to Prevent Teen Pregnancy

By Kate Blackman

Interest in evidence-based policymaking is growing in state legislatures, particularly to address challenging social issues. Evidence-based policymaking involves investing in approaches that have been rigorously evaluated and have demonstrated results. It is increasingly met with bipartisan support by lawmakers who are seeking to invest limited funds wisely. Teen pregnancy is one notable example of a social issue that has seen exceptional success with evidence-based strategies.

Did You Know?

- The federal government has identified more than 30 evidence-based teen pregnancy prevention programs.
- The federal Teen Pregnancy Prevention Program has funded about 200 grants in more than 35 states.
- Teen birth rates declined 29 percent between 2010 and 2014—more than any other four-year period.

Teen pregnancy has far-reaching implications for women, children and families, as well as for states. States often incur medical costs associated with teen births but, more significantly, teen childbearing affects spending in the health care, justice and welfare systems. State coffers also are affected by lower wages earned by teen parents with less education or fewer job prospects. The consequences continue for future generations as well: Children of teen mothers are more likely than their peers to live in poverty, have poor educational or health status, and become teen parents themselves.

Teen pregnancy and birth rates have reached historic lows, which experts attribute in part to the growing number of programs that have demonstrated success in changing teen sexual behavior. The federal government made a significant investment in evidence-based programs to prevent teen pregnancy beginning in 2010, and since then, the teen birth rate has dropped 29 percent—more than twice the decline of any other four-year period.

Federal Action

The Teen Pregnancy Prevention Program (TPP), administered by the U.S. Department of Health and Human Services' (HHS) Office of Adolescent Health, is among the first examples of federal evidence-based policymaking. Since 2010, TPP has funded about 200 competitive grants to a wide range of organizations across the nation that are working to reduce teen pregnancy. The federal program focuses on rigorous evaluation and high-quality evidence demonstrating that a program is successful—whether the program focuses on delaying sex, avoiding risky behaviors, providing contraception information, or a combination of strategies. In this way, TPP emphasizes the outcomes of a program over the specific program content or lessons.

The Teen Pregnancy Prevention Program has been lauded by experts, advocates and policymakers as a gold standard for evidence-based policymaking because of its focus on evidence at all stages. To begin, the executive branch and Congress defined what constituted evidence, and HHS developed a careful, systematic process to determine which programs meet high

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standards to qualify as evidence-based using an independent review of hundreds of evaluation studies. Through Tier 1 grants, TPP funds agencies and organizations to replicate one or more of these proven programs in their communities. Grantees choose the model—from HHS' list of more than 30 programs—that best meets their needs and populations. The grants include adequate funding and support to implement programs and operate them according to the model, in a way that increases the likelihood of achieving results comparable to the original evaluation.

The Teen Pregnancy Prevention Program also requires Tier 1 grantees to commit to ongoing evaluation to test whether their program's outcomes are achieved. In addition, TPP funds Tier 2 grants that allow promising new approaches to be developed and tested. Therefore, TPP uses evidence not only as a requirement for funding, but also as a tool to evaluate both proven and emerging programs. Data collection and evaluation, even of proven models, help program leaders and policymakers not only determine what works, for whom and in what settings, but also ensure sound investments of resources.

State Action

State agencies, nonprofits and other organizations in 39 states and the District of Columbia reached nearly 500,000 youth through the Teen Pregnancy Prevention Program between 2010 and 2015, and grantees expect to serve a total of 1.7 million by 2019. For example, the Illinois Department of Human Services received $2 million a year to serve high-risk youth outside Chicago. The approach uses more than five different age-appropriate, evidence-based programs in elementary, middle or high schools, as well as in other settings.

Some states have developed similar approaches on their own, emphasizing evidence and outcomes in teen pregnancy prevention. Colorado's 2013 HB 1031, for instance, established a grant program for public schools and districts to create and implement evidence-based sexuality education programs. The legislation requires programs to have demonstrated results in specific areas such as delaying sexual initiation or increasing contraceptive use. It defines evidence-based programs with criteria such as rigorous research design, effective replication and publication in a peer-reviewed journal.

More than a decade ago, the North Carolina General Assembly directed establishment of the Teen Pregnancy Prevention Initiatives (TPPI) to provide grants for programs in counties with the highest rates of teen pregnancy or greatest need for teen parenting programs. The subsequent rules require grantees to use programs with "documented success" and to have evaluation plans. In the application guidelines, TPPI lists options of multiple evidence-based programs—all of which are on the federal list—as well as some promising programs. The initiative also supports ongoing monitoring and evaluation. TPPI staff conduct site visits, provide consultation and technical assistance, and support program evaluations.

The Maryland General Assembly considered HB 437 in 2015, which would have created a state-based Teen Pregnancy Prevention Grant Program similar to the federal program. Although it was not enacted, the legislation provides an example of state policymakers looking to define evidence and require evaluation.

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NCSL, Teen Pregnancy Prevention

Additional Resource

The National Campaign to Prevent Teen and Unplanned Pregnancy

National Conference of State Legislatures

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Briefing Papers on the Important Issues of the Day

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Addressing Pregnancy Among Rural Teens

By Kate Blackman

The United States has seen consecutive historic lows in teen birth rates each year since 2009. Despite the decreased rates, significant disparities in teen childbearing persist for some populations. Rural adolescents are among the groups in which rates are higher, declines are milder and the risk of teen childbearing remains greater.

The birth rate for rural teens was nearly one-third higher than all other teens in 2010, according to a new analysis by the National Campaign to Prevent Teen and Unplanned Pregnancy. At 43.3 births per 1,000 girls ages 15 through 19, the rural teen birth rate was higher than both the national and metropolitan rates—34.2 and 32.7, respectively. In addition, rural teen births have fallen less dramatically during the past two decades, with declines of 31 percent in rural counties, compared to 50 percent in the most urban counties.

Pregnancy can have far-reaching consequences for teens, their children and states. Childbearing can create a cycle of poverty, low educational attainment and poor health for adolescents and their children. These issues add to the economic and educational disadvantages that are already acute in many rural areas. Teen childbearing can increase costs for states' publicly funded services and decrease revenue from lost wages and productivity. In addition, teen pregnancy dovetails with other rural health concerns, such as health disparities and health care access.

The disparity in birth rates can be attributed in part to sexual activity and contraceptive use among rural adolescents. In 2010, 55 percent of teen girls in rural counties reported ever having sex, compared to 40 percent of their metropolitan counterparts. In addition, 71 percent reported using contraception their first time, compared to 81 percent of other teens.

Many rural adolescents face additional challenges that can increase their risk of pregnancy. Economic adversity and lack of access to health services may contribute most significantly to higher rates of rural teen births, according to the National Campaign's report. While not isolated to rural areas, many of the issues are more pronounced in these communities. The analysis looked at the degree to which various factors contribute to the difference between rural and metropolitan teen birth rates. It found that 20 percent of the difference can be attributed to college education prospects and 19 percent to poverty. Availability of health care services—measured by number of publicly funded clinics offering contraception, the number of providers and health provider shortage area (HPSA) status—and the portion of those with no health insurance similarly contributed to higher rates in rural counties.

Did You Know?

- Rural teens make up 15 percent of the adolescent population, but account for 19 percent of all teen births.
- Teens in rural areas are almost twice as likely as their peers to depend on community clinics for access to contraception.
- Eighty-five percent of teen births in rural counties occur outside of marriage, compared to 89 percent in metropolitan counties.

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State Action

State actions to reduce teen pregnancy in rural areas align with initiatives to target the issue statewide. Nearly half of all states mandate sexual health education and, when provided, 37 states require teaching abstinence, while 18 states and the District of Columbia also stipulate that contraceptive information be included.

As states increasingly focus on outcomes and cost effectiveness, many turn to evidence-based programs to reduce risky behavior among teens. The federal Office of Adolescent Health has identified more than 35 programs proven to reduce teen pregnancy or risky behavior. Most states capitalize on federal funding to implement these programs. For example, school and community-based programs in 45 states, the District of Columbia and three territories received formula grants in 2015 from the Personal Responsibility Education Program (PREP), which focuses on high-risk teens.

Some states have leveraged federal funds to reach rural teens. For example, through partnerships with local health departments, Kentucky focused its PREP funds on rural areas. Similarly, the Alaska Department of Health and Social Services uses a PREP grant to fund the Department of Education and Early Development to deliver an evidence-based program to teens in rural communities. The program is delivered during school hours to maximize opportunities to reach youth.

Two states with large rural populations—Mississippi and Arkansas—passed legislation in 2014 and 2015, respectively, focused on reducing unplanned pregnancies among students at community colleges and public universities. By working with institutions of higher education, the legislation helps keep all students—including 18- and 19-year-olds who account for about 70 percent of teen pregnancies—on track toward their educational goals. Mississippi appropriated funds in the 2015 session for community colleges to begin tackling the issue of unplanned pregnancies on their campuses.

States also help to reduce risks for teens and prevent unplanned pregnancies through publicly funded clinics. For example, nearly one-third of school-based health centers (SBHCs) were located in rural areas in 2010-2011. These SBHCs, most of which receive some state funding, often provide primary and preventive care for teens. Half of all SBHCs are prohibited from providing contraceptives, but most provide abstinence counseling (82.1 percent) and contraceptive counseling (64.5 percent).

Federal Action

The Title X program of the Public Health Service Act funds health clinics that provide comprehensive family planning and preventive health services to low-income people, including those who are uninsured or face other barriers to care. In 2012, Title X clinics served nearly 5 million people, and close to 1 million were under age 19. Without these clinics, the rate of unintended pregnancies, births and abortions among all women is estimated to have been 44 percent higher.

Federal flexibility with Medicaid also allows states to provide coverage for preventive health services that reduce the risk of teen pregnancy. Through waivers or state plan amendments, states can expand Medicaid family planning services with a 90 percent federal match to those who are not otherwise eligible, including adolescents, and ensure access to affordable and effective preventive health care.

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Teen Pregnancy Prevention

State Polices on Sex Education in Schools

Additional Resource

The National Campaign to Prevent Teen and Unplanned Pregnancy, Sex in the (Non) City: Teen Childbearing in Rural America

Delivering Good News

The U.S. teen birth rate has fallen by more than half over the past two decades, but it's still higher than desirable.

BY MEGAN COMLOSSY

It's the greatest success story never told," says Sarah Brown, CEO of the National Campaign to Prevent Teen and Unplanned Pregnancy. Nationally, teen birth rates have fallen 52 percent since 1991. Plummeting rates span all 50 states, and all racial and ethnic groups.

Yet, 49 percent of Americans still believe—incorrectly—that the rate is increasing, perhaps because teen pregnancy continues to be a stubborn problem. Although rates fell in all but two states in 2011, the following year they remained essentially unchanged in 21 states.

In fact, teenage pregnancy rates are higher in our country than in any other industrialized nation. More than 29 out of every 1,000 girls between the ages of 15 and 19 give birth in the United States—compared to 25 per 1,000 in the United Kingdom, 15 in Australia and in Canada, less than 10 in Germany and fewer than five in Japan.

Three in 10 American girls will get pregnant before their 20th birthday. In 2012, more than 305,400 teens gave birth. Disparities persist among racial and ethnic groups, across geographic regions, rural and urban areas, and age groups. And taxpayers bear a significant share of the costs.

"Nationwide, we've seen significant declines, but we can't let that lead us into a false sense of security," says West Virginia Delegate Don Perdue (D), whose state was one of only two that saw a slight uptick in teen births between 2007 and 2011—a time during which the national teen birth rate fell 25 percent.

Delegate Don Perdue (D) West Virginia

"This is not a problem that will ever be entirely resolved. It's one that we have to deal with on a continuing basis. To sustain the results we've seen across the nation—to ensure a healthier generation of children—we have to continue the successful efforts we've undertaken so far," he says.

Megan Comlossy is a policy specialist in the Health Program at NCSL.

The Consequences

Teen pregnancy and childbearing affect the education, income, well-being and health of both the parents and their children.

Only half of teen moms earn a high school diploma by the time they reach age 22, compared to nearly 90 percent of women who do not give birth as teens. Also, less than 2 percent of teen moms earn a college degree by age 30. "Today's economy requires more education than ever," says Mississippi Senator Sally Doty (R). "Most jobs require something past high school—whether a four-year degree or some skills training. It's important that teens finish high school at the very least."

Senator Sally Doty (R) Mississippi

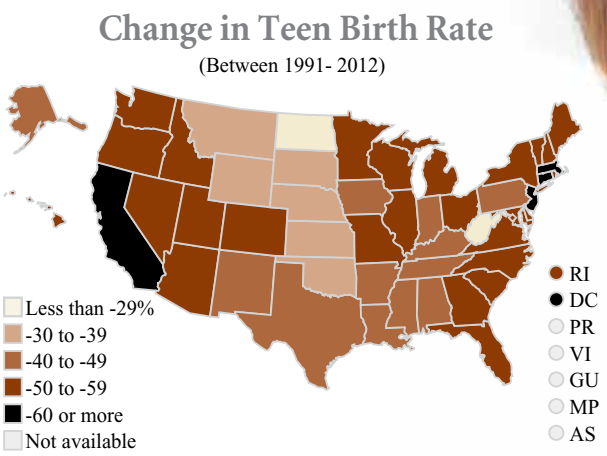
And it's not only teen mothers whose futures are affected. Teen fathers face similar disadvantages. Although research on how teen parenthood affects young men is more limited, studies show that young fathers often have lower levels of educational achievement as well.

The future for the children of young parents isn't too promising either. Compared to mothers in their 20s, teen mothers are less likely to receive prenatal care, and their children are more likely to be born prematurely, have low birth-weight, and die in infancy.

Teen pregnancy and a lack of education often contribute to a cycle of economic hardship that spans generations. "It's very hard for a young person to raise a child on her own and still have a really positive influence on her own life or the life of the child," says Perdue.

Children of teen mothers are more likely to have poor health and struggle in school than children born to older mothers. They are more likely to come in contact with the child welfare and criminal justice systems, live in poverty, drop out of high school and become teen parents themselves. The consequences of this cycle are significant for states.

"It's really a lot cheaper to prevent a teen pregnancy than it is to pay for one," Perdue says.



Source: The National Center for Health Statistics at the CDC.

Counting the Costs

Teen childbearing is expensive—for the young parents, taxpayers and society. Dropping out of school decreases future job opportunities and earning potential, which in turn, lowers a state's tax revenue, economic productivity and overall competitiveness. In addition, higher expenditures on public health care, child welfare and criminal justice services cost taxpayers billions of dollars each year. That's about $9.4 billion, in fact, according to a recently updated analysis be the National Campaign to Prevent Teen and Unplanned Pregnancy.

Most of these costs are associated with the negative consequences for children of teens, including the increased need for Medicaid and CHIP ($2.1 billion) and the child welfare system ($3.1 billion). Higher rates of incarceration cost another $2 billion.

So what's the silver lining?

The $9.4 billion public sector price tag of teen childbearing in 2010, though pricey, represents a roughly $1.5 billion decrease from 2008—thanks, in part, to the continued decline in teen pregnancy and childbearing, according to the National Campaign to Prevent Teen and Unplanned Pregnancy. The group also found that, as a result of the last two decades' declining teen birth rate, American taxpayers saved about $12 billion in 2010 alone.

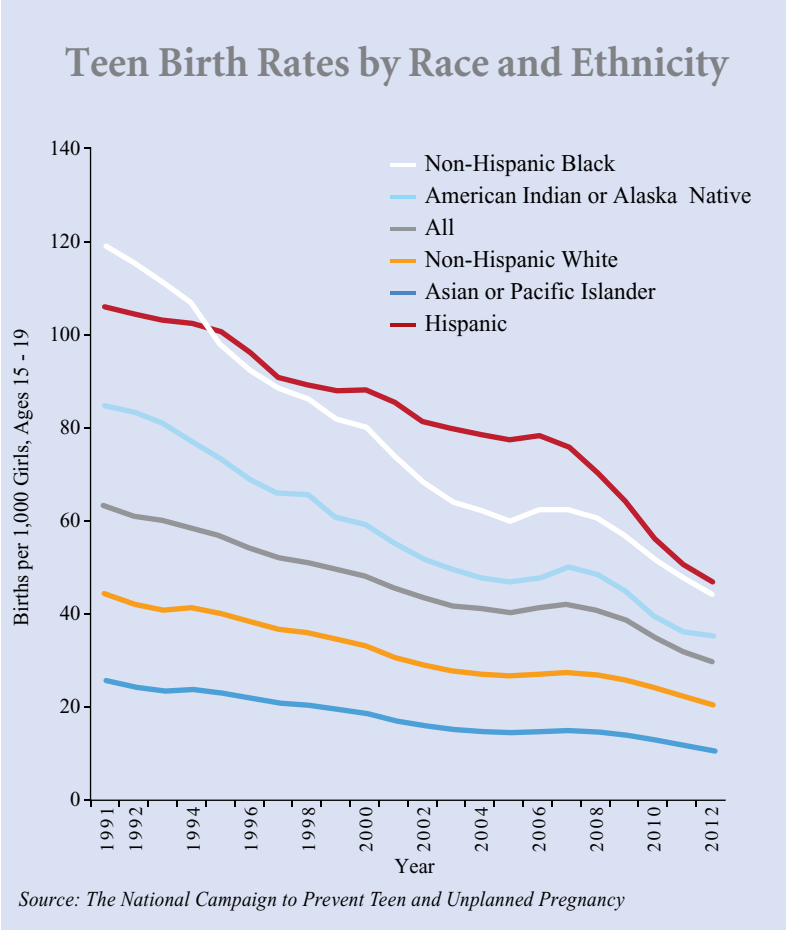
Success, yes, but there's still a way to go.

Some experts compare teen pregnancy and childbearing to other public health issues—arguing that the job isn't done until rates hit zero. State lawmakers don't appear to be letting recent declines slow further action; many have declared that much remains to be done. That's especially true for certain groups and areas that continue to struggle with disproportionately high teen birth rates.

Disparities Persist

U.S. rates of teen pregnancy and childbearing are at historic lows among all racial and ethnic groups. Even so, large disparities remain. The birth rate for Hispanic teens has fallen 56 percent since 1991, yet it is more than double the rate for white teens. The birth rate among African-American teens has declined even more—63 percent over the last 20 years—yet remains twice the rate for whites. Rates among American Indians and Alaska Natives are somewhat better, although not much.

Youth in foster care, for whom the state is responsible, also are at higher risk of becoming pregnant at a young age. By the time they turn 19, nearly half of young women in foster care become pregnant, compared to about a quarter of 19-year-olds overall. By age 21, half of young men who had been in foster care report having impregnated someone, compared to 19 per-



Source: The National Campaign to Prevent Teen and Unplanned Pregnancy

cent of their peers who were not in the system.

Having a child as an adolescent in foster care makes the difficult transition to adulthood and independence even more challenging. In addition to complicating life for the teen mom, teen pregnancy creates challenges, not only for the state systems responsible for them, but also for their children.

A new study from researchers at the University of Southern California and the University of California, Berkeley, funded by the Conrad N. Hilton Foundation, examined teen childbearing among foster youth in California and found that children born to teen mothers, who were themselves victims of maltreatment, are twice as likely to be abused and neglected as other children. This contributes to several generations being involved in child welfare systems and comes at a substantial cost to states.

In 2013, the California Legislature took a step toward addressing these concerns, enacting legislation aimed at preventing teen pregnancy and improving services for youth in foster care. The law authorizes county child welfare agencies to provide foster youth with age-appropriate information about reproductive health, encourages them to help pregnant youth obtain the health services they need, and directs the state social services department to collect data on parents and pregnant youth in the system—information that most states do not currently gather.

Where a young person lives also influences her risk for early pregnancy. Because the vast majority of teens live in metropolitan regions, the largest number of births occur to teens living in urban areas. However, rural counties have a much higher teen birth rate.

A 2013 study by the National Campaign to Prevent Teen and Unplanned Pregnancy found the teen birth rate in rural counties to be nearly one-third higher than the rest of the country, including large urban centers. The study found that the lower the level of urbanization, the higher the rate of teen births.

The study also found that the birth rate among teens in rural counties declined more slowly than that in urban and suburban counties.

In both urban and rural areas, older teens (18- and 19-year-olds) account for about seven in 10 teen pregnancies and births. And one out of five teen moms have a second child before turning 20.

"These young women are usually alone and often do not have the necessary financial or emotional support to provide for a child," says Senator Doty. "Even though they're older, 18- and 19-year-olds are very young adults. Kids that age should be students, not parents."Although many older teens have finished high school, having a child at this age can still disrupt or derail a young person's higher education goals, with repercussions for both their future and for that of the U.S. workforce.

"Repeat births make education twice as hard. Options for a young mother with several children are limited at best," she says. "Anything we can do to help address repeat births is important."

Many Approaches

No single policy or strategy has proved sufficient to reduce teen pregnancy by itself. There's no silver bullet. No quick fix. Some well-tested, evidence-based approaches have helped to reduce pregnancies, such as programs that help youth wait to have sex or use contraceptives consistently. States that have seen the largest drops in their rates, however, have approached teen pregnancy prevention from a variety of angles with several strategies and many stakeholders.

Some state legislators are "looking at teens in a holistic way," says Perdue, to prevent teen pregnancy and deal with it once it occurs. Some employ legislative strategies; others use nonlegislative means. Many use both. These include everything from enacting legislation and allocating funding to integrating teen pregnancy prevention efforts in foster care, education, juvenile justice, economic development and other state plans.

Other states across the nation are running media campaigns—encouraging conversations about this typically taboo subject. Legislators and others are holding hearings and convening town hall meetings. "Teen pregnancy is not something we want to stick our heads in the sand and ignore any more," says Senator Doty.

Wyoming Representative Ken Esquibel (D) has taken a somewhat different approach. "I'm interested in health policy that saves the state money," he says. Esquibel played an integral role in the

Representative Ken Esquibel (D) Wyoming

creation of Father Factor, a Cheyenne-based nonprofit organization with the goal of helping every father be the best he can be. The program makes innovative use of federal TANF funding to provide support and education to fathers of all ages—including teens. "Most dads want to be involved in their child's life. This program helps them get counseling, legal services, and has a family planning piece," says Esquibel. It's provided a significant boost to visitation. "One of the main components is that fathers pay child support. So we're seeing an increase in that and an increase in the number of fathers taking active roles in their children's lives."

After all, says Esquibel, "none of us would be where we are if not for our dads—and moms. Those are the people who guide us."

A Comprehensive Strategy

California once had one of the highest teen birth rates in the nation. In 1991, 71 of 1,000 girls between the ages of 15 and 19 gave birth. Today that number is down to 27. The strategy? The state addressed the issue on various fronts: sex education, community-based education programs for teens and their parents, public-private partnerships and investments, services and supports for pregnant and parenting teens, and efforts to engage young men. The state also included an extensive array of stakeholders in the process.

With the third highest teen birth rate in the nation, Mississippi is currently pursuing a similar approach. A mandatory sex education policy—which requires school districts to choose and provide either abstinence only or abstinence plus education—went into effect in 2012. Governor Phil Bryant appointed a task force on teen pregnancy prevention, and town hall meetings have been held around the state.

"We have been working on public-private partnerships and working with the faith-based community," says Senator Doty. "We have focused more on providing leadership to community- and faith-based organizations than on advancing a broad legislative agenda."

"As elected officials, we have a voice in the community. We can get people to start talking about the issue and provide people the tools they need in individual communities," Doty says. "We find that so many people want to be part of this, but maybe don't know how to plug in—so that's what we're trying to do."

National Conference of State Legislatures

LEGISBRIEF

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Teen Pregnancy Among Youth in Foster Care

By Megan Comlossy

In 2012, teen pregnancy and birth rates reached historic lows in the United States, yet they remain among the highest in the industrialized world. At particular risk are youth in foster care. By the time they turn 19, nearly half of young women in foster care have been pregnant, compared to 27 percent of 19-year-olds overall. By age 21, half of young men in foster care report having impregnated someone, compared to 19 percent of their peers not in the system.

Pregnancy among foster youth creates challenges for the state systems responsible for them, young people themselves, and their children. Foster care systems must house and support teen parents and their children. For the 20,000 youth who "age out" of foster care each year, pregnancy and parenthood can compound the already difficult process of finding housing, a job or continuing education. The University of Chicago's Midwest Evaluation of the Adult Functioning of Former Foster Youth found that, of teens aging out of the system:

- About three in 10 had children living with them by age 19;
- By age 21, one in six not attending school cited the need to care for children as a barrier; and
- About a third of those in school or working said finding child care was difficult, or that they had to miss school or work because they couldn't find child care.

Compared to parents who are just a few years older, teen mothers overall are twice as likely to be reported for neglect or abuse. Their children are twice as likely to be placed in the child welfare system—at an annual public cost of $2.8 billion.

Did You Know?

- Teens in foster care are 2.5 times more likely to become pregnant by age 19 than their peers not in the system.
- By age 19, three in 10 teens "aging out" of foster care have children living with them.
- Children of teens are more likely to enter the child welfare system—at a public cost of $2.8 billion annually.

State Action

Increasingly, states are taking steps to address high rates of pregnancy and parenthood among youth in foster care. Approaches include implementing teen pregnancy prevention programs; enhancing collaboration between state health, social services and juvenile justice agencies; and training adults who work with youth in foster care to help them make healthy, informed decisions.

Evidence-Based Programs Designed for Youth in Foster Care. Since 2012, teams of child welfare and teen pregnancy professionals in California (Alameda County), Hawaii, Minnesota, North Carolina and Rhode Island have been implementing a modified version of an evidence-based teen pregnancy prevention program that takes into account the unique needs of youth in foster care. Rhode Island has made the program's curriculum part of its ongoing Life Skills program, which helps foster youth develop independent living skills. Others implementing *Making Proud Choices! For Youth in Out-of-Home Care* have established networks of public and private organizations to support youth in care and prevent adolescent

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pregnancy in a sustainable way. An evaluation of the project will provide insight into best practices for integrating teen pregnancy prevention. Several other states are using federal funding to implement and evaluate evidence-based programs for their impact.

Enhanced Services for Youth in Foster Care. According to the Midwest Evaluation, youth who stay in foster care to age 21 tend to fare better than those who leave at age 18. They are more likely to delay parenting, go to school or be employed. As states extend foster care to older adolescents, however, they face an influx of older teens who are already parents.

To address these changing demographics, in 2013 California enacted legislation to prevent teen pregnancy and improve services for foster youth who are parents. The law authorizes county child welfare agencies to provide foster youth age 12 and older with age-appropriate information about reproductive health, encourages them to help pregnant youth access health services, and directs the state social services department to collect data on parents and pregnant youth in the system.

Federal Action

Patient Protection and Affordable Care Act (ACA). Beginning Jan. 1, 2014, the ACA requires states to extend Medicaid coverage (with matching federal funds) to former foster youth up to age 26, regardless of their income. To qualify, a young person must have been enrolled in Medicaid and must have aged out of the system. Among other benefits, extending Medicaid to these at-risk youth will improve access to family planning services to help avoid unplanned pregnancy.

Fostering Connections to Success and Increasing Adoptions Act. This 2008 comprehensive child welfare reform law allows states to extend foster care to age 21 with federal support, as long as certain education, employment or health requirements are met. According to the Jim Casey Youth Opportunities Initiative, 19 states and the District of Columbia have received federal approval to do so. The act also requires all foster youth, with the aid of a caseworker, to develop a personalized transition plan—which addresses housing, health, education and support services—90 days prior to aging out of the system.

Personal Responsibility Education Program (PREP). For fiscal years 2010-2014, PREP provides $55 million annually in formula grants to states and territories for evidence-based programs that educate adolescents on abstinence, contraception and adulthood-preparation topics such as healthy relationships and financial literacy. PREP targets youth at greatest risk of teen pregnancy, and many states have chosen to focus on youth in foster care. In Ohio, for example, PREP is a partnership between the Departments of Health, Youth Services, and Jobs and Family Services, with funds directed to local public and private entities serving youth in foster care and juvenile justice. California, Illinois, Maryland and Oklahoma also are using PREP to implement and evaluate teen pregnancy prevention programs for youth in their care.

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Teen Pregnancy Prevention

Additional Resources

Child Welfare & Juvenile Justice, The National Campaign to Prevent Teen and Unplanned Pregnancy

Perspectives on Fostering Connections, FosteringConnections.org

Rx

The National Campaign
to Prevent Teen and Unplanned Pregnancy

Go Home or Go On:

A Prescription *for* Continuing the Nation's Progress in Preventing Teen Pregnancy

By Sarah Brown and Bill Albert

THE NATIONAL CAMPAIGN'S BOARD OF DIRECTORS

Introduction

One of the nation's great success stories of the past two decades has been the historic decline in teen pregnancy and childbearing. Progress has been made in all 50 states and among all racial/ethnic groups. Thanks to teens themselves, a tough social issue that many once considered intractable turns out not to be so.

> One of the nation's great success stories of the past two decades has been the historic declines in teen pregnancy and childbearing.

All of this good news raises an important question: Is the progress in reducing too-early pregnancy and parenthood sufficiently deep and widespread that The National Campaign and others committed to preventing teen pregnancy should declare victory and go home? Not to spoil the ending but…our short answer is "no." We should declare victory *and* go on. Progress should not be confused with victory.

This publication is divided into four parts that look both backwards and forwards. Collectively, they:

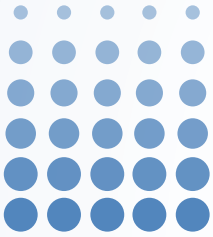
1. Describe the remarkable declines in teen pregnancy in the United States (The Case for Going Home);
2. Offer some ideas about *why* teen pregnancy and childbearing have declined so rapidly (What Accounts for This National Success Story?);
3. Present some reasons and data on why it is important to keep the nation focused on reducing teen pregnancy (The Case for Going On); and
4. Outline specific things that can be done—by policymakers, practitioners, parents, and others—to continue the important task of helping teens avoid pregnancy (A Prescription for Continued Progress).

> Progress should not be confused with victory.

The Case for Going Home

Over the past few decades, few social issues have improved quite so dramatically as teen pregnancy and childbearing. Not surprisingly, some suggest that the improvements have been so strong that it's time for us all to move on to other pressing issues. Here are the kinds of data and arguments that are sometimes mobilized by the Go Home Gang:

- **Teen pregnancy and birth rates are at historic lows.** Since peaking in the early 1990s, the nation's rates of teen pregnancy and childbearing have declined dramatically, rapidly, and almost continuously. The numbers speak for themselves: The teen pregnancy rate has plummeted 51% since 1990 and the teen birth rate has fallen 57% since its 1991 high water mark.
- **Declines are geographically widespread.** Although there remain geographic variations, there have been impressive gains in all 50 states over the past two decades. Between 1991 and 2013, the teen birth rate declined 60% or more in 18 states and 50% or more in 36 states. The smallest state-level decline over this period was a still-impressive 31%.
- **Rates have plummeted among all racial/ethnic groups.** Between 1991 and 2013, the teen birth rate declined 67% among non-Hispanic black teens, 60% among Hispanic teens, and 57% among non-Hispanic white teens. And if one looks at declines just since 2007, the numbers are just as remarkable: the teen birth rate has declined 45% for Hispanic teens, 37% for non-Hispanic black teens, and 32% for non-Hispanic white teens—again, off-the-charts progress just between 2007 and 2013.
- **Even in the most disadvantaged communities, rates have declined.** Teen birth rates are falling everywhere, even in disadvantaged communities. For example, in those counties that are persistently poor (that is, for the past 30 years, more than 20% of the population has been poor), the teen birth rate declined by 37% between 1990 and 2010—just slightly lower than the 44% decline during this period for the nation overall.



Since peaking in the early 1990s, the **teen pregnancy rate has declined 51%** and the **teen birth rate has declined 57%**.

> In persistently poor counties, the teen birth rate has declined by 37%.

- **Both older and younger teens have made progress.** Teen pregnancy and birth rates have improved among teens of all ages but the progress has been most impressive among younger teens. For example, between 1991 and 2013, the birth rate for those age 15-17 declined 68% compared to 50% among those age 18-19.
- **The pace of progress is accelerating.** Declines in teen childbearing have been particularly steep in recent years. The teen birth rate decreased—wait for it—8% between 2010 and 2011, 6% between 2011 and 2012, and fully 10% between 2012 and 2013. Putting all this together, teen births have declined by more than one-third (36%) just since 2007.
- **There have been important declines in first *and* repeat births to teens.** Most teens who have a child during their teen years have only one. In fact, first births continue to make up 83% of all births to teens. Of course, some teens do go on to have additional children during their teen years, but declines are evident here, too. Since 1991, the rate of becoming a first-time teen mother has fallen by 32% while the birthrate among teens who have already had one child has fallen by 23% (through 2009, the most recent year for which this type of data are available).

What Accounts for This National Success Story?

As National Campaign Board President Isabel Sawhill trenchantly observed years ago, there are only two ways to drive down the teen pregnancy rate: less sex and/or more contraception. And, in fact, as usual, she is right. Numerous data sets and analyses now show that the decline in teen pregnancy has been fueled by less sex among teens over time (including fewer sexual partners) and better use of contraception among sexually active teens. In other words, teens are being more careful.

> The magic formula of less sex and more contraception is behind the nation's historic declines in teen pregnancy.

For some observers of the scene, that is answer enough. But those with inquiring minds often go on to ask: What has driven this "new prudence"? That is, *why* have teens become more careful? The data limitations in answering this question are legion and explanations undoubtedly vary over time and across groups. Even so, casting caveats aside for a moment, there are some plausible explanations to account for the nation's plummeting rate of teen pregnancy that derive from research, observation, and common sense. Here are some explanations that seem compelling to us:

- **Economics.** An increasing number of studies suggest that the economic recession that began in earnest in 2007 and came to full flower in the several years that followed helped stimulate the particularly steep declines in teen births that began in—you guessed it—2007. No, teens are not checking their stock portfolio before hopping in the sack, but they are keen observers of the world around them. If their own family has had to do more with less, if their best friend's mother has been unemployed for several years, if the community they live in has seen more deterioration than investment, one result may just be more cautious attitudes about pregnancy—and a bit less risk-taking.

- **Low maintenance contraception.** Teens' use of low maintenance, highly effective methods of contraception—IUDs and the implant—increased significantly between 2007 and 2013, particularly among older teens. To be sure, the number of teens using these methods is quite small compared to the number of teens who use other methods, but those teens who are using these highly effective methods…well… they are highly unlikely to get pregnant.
- **On the side of science.** Regarding the long-standing battles over the content of sex education—and, in particular, the war between "abstinence" and "comprehensive sex education"— The National Campaign has always been on the side of science. That is why we and others have welcomed the increased attention being given to creating, using, and funding evidence-based interventions; programs that have credible evidence that they actually help teens delay having sex, use contraception better, and/or actually prevent teen pregnancy. In this regard, the Administration's commitment to evidence-based programs to prevent teen pregnancy is particularly noteworthy.
- **I want my MTV.** In the last 10 years or so, the entertainment/media sector has spent considerable time, space, and air time on the risks and realities of teen pregnancy, which may well have helped spur and sustain the decline. For example, recent research by economists Melissa Kearney and Phillip Levine suggests that the popular MTV reality shows *16 and Pregnant* and *Teen Mom* have played a direct and particular role in reducing too-early pregnancy and parenthood.[1] This is not an implausible thought at all given that young people are *fully* immersed in media (Kaiser Family Foundation data show that those age 8-18 spend about 53 hours *each week* consuming entertainment media[2]), and that media help shape social norms and preferences for teens and young adults as well—note that fully eight in 10 young people who have seen the MTV shows say the programs make the hardships and difficulties of teen parenting more real to them.[3] In short, most viewers see these true-life chronicles as more sobering than salacious.

The Greatest Story Never Told: **50% incorrectly believe that the teen pregnancy rate has increased** over the past two decades;

just 18% understand that it has actually declined.

> In the culture wars between abstinence and contraception, the nation should be on the side of science.

> The true-life TV chronicles *16 and Pregnant* and *Teen Mom* are more sobering than salacious.

- **Medicaid and the Affordable Care Act.** Speaking of the dynamic duo of Kearney and Levine, other research they have done suggests that expanded eligibility for Medicaid family planning services has had a small but significant impact on reducing births resulting from unplanned pregnancies, particularly among older teens.[4] In addition, we may be beginning to see the contributions of several components of the Affordable Care Act that help women (including teens) gain access to contraceptive coverage without any out-of-pocket costs. The fact that more young people have health coverage either through Medicaid or private health plans, and that most health plans now provide contraception without co-pays, has likely removed a significant barrier to getting contraception, including the most effective and expensive methods.

- **Lots doing.** There has been a substantial amount of civic action and leadership focused on reducing teen pregnancy (including, we note modestly, the efforts of The National Campaign itself). For example, through its Teen Pregnancy Prevention Initiative and PREP programs, the federal government has invested millions of dollars over the last several years in proven approaches to preventing teen pregnancy that states have adopted nationwide. There have also been long-term, highly-effective state efforts like the South Carolina Campaign to Prevent Teen Pregnancy and the Adolescent Pregnancy Prevention Campaign of North Carolina, along with strong, successful local efforts to prevent teen pregnancy in Milwaukee, San Antonio, and many other communities as well.

- **Lower fertility.** It is worth noting that the overall fertility rate among women of all ages has declined 10% since 2007. In fact, fertility in the United States is at a record low.[5] The explanation for the steep declines in the teen birth rate in recent years may lie, in part, with teens simply mimicking what their older sisters and friends are doing (or, more precisely, what they are *not* doing).

- **HIV concern.** The notable decline in sexual activity among teen boys as well as increases in condom use throughout the 1990s suggest that concern about HIV increased their attention to protection and being "careful" in a far more influential way than had the risk of a partner's pregnancy.[6]

- **Like mother like daughter.** It is well known that the *daughters* of teen mothers are more likely to be teen mothers themselves than are the daughters of women who were older when they had their children. Almost three times as likely, in fact. Given this, the two decade plus decline in teen births means that one of the most potent risk factors for—or "predictors" of—teen childbearing has also decreased substantially, which in turn suggests that there may well be a powerful demographic dynamic at play now, one we refer to as, "fewer teen mothers beget fewer teen mothers."

> Fewer teen mothers beget fewer teen mothers.

- **Virtuous circle.** Somewhat along the same lines as the previous point, the continuing decrease in teen births over many years has probably also contributed to a growing social norm that "teen pregnancy is not okay" and/or that "teen pregnancy is just not done in our family/community"—thus creating a virtuous circle of sorts where progress feeds upon and fuels itself. We adults tend to associate peer influence with pressure to do something negative. But of course, peer pressure can be, and often is, a force for good as well.

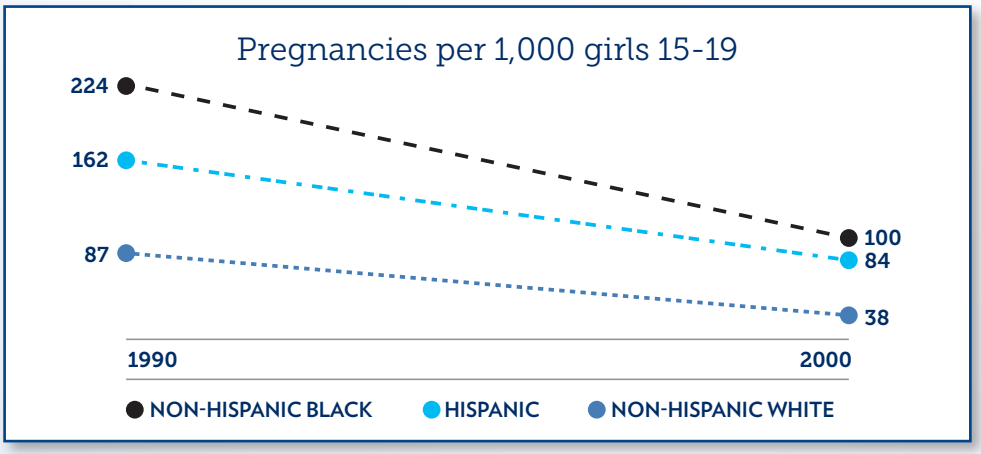
The Case for Going On

Despite all the progress, a strong case can be made for "going on." In a nut shell, and as argued later in this section, progress has been uneven, many disparities remain, and for many teens, the risks and realities of teen pregnancy and childbearing remain acute. Here, we highlight seven areas where disparities and consequences are pronounced (and, for all you mathletes, all variations noted in this section are statistically significant), along with several common sense observations that support the notion of staying the course.

✓ **1. Rates of teen pregnancy and childbearing are much higher among older teens.** We have already noted that teen pregnancy and birth rates have improved dramatically among teens of all ages. But it is also true that rates remain considerably higher among those age 18-19. For example, in 2010 (the most recent data available), the teen pregnancy rate among girls age 18-19 was more than *three times higher* than the rate for girls age 15-17 (96 per 1,000 compared to 30 per 1,000) and was falling more slowly (a decline of 44% since 1990 among 18- to 19-year-olds compared to a decline of 59% among 15- to 17-year-olds). At present, older teens account for roughly 70% of all teen pregnancies.

> Older teens account for about 70% of all teen pregnancies.

✓ **2. Teens of color remain at higher risk of teen pregnancy and childbearing.** Teen pregnancy rates have fallen for all teens, and, happily, disparities among different groups of teens have narrowed considerably. Even so, as of 2010, rates for non-Hispanic black teens and Hispanic teens remain more than twice that for non-Hispanic white teens. Teen birth rates also remain far higher among Hispanic teens and non-Hispanic black teens.



3. **Teens who already have one child are still at high risk of having another.** As of 2009 (the most recent year available for this calculation), the teen birth rate was more than *five times higher* among girls who already had one child compared to those who did not (167 second births per 1,000 teens with one prior birth compared to 32 first births per 1,000 teens with no prior births, age 15-19). Their rates have also fallen more slowly—a decline of 23% since 1991 in the rate of second births compared to a decline of 32% in the rate of first births.

4. **The risk of teen childbearing is higher among teens who have sex at a young age.** Even with all the progress, 13% of teens have sex for the first time before age 15 (a group that now numbers approximately 2.6 million). Girls who have sex before age 15 are twice as likely to become a teen mother compared to those who wait until age 15 or older (41% compared to 19%).

5. **Maternal education, as well as family background and structure, remain serious risk factors.** Twenty five percent of girls whose own mother had a high school education or less went on to become teen mothers, compared to 12% whose own mother had at least some college education. Similarly, fully one-third of girls born to teen mothers go on to have a teen birth themselves, compared to just 12% of girls whose own mother was older at first birth. Among girls who grow up with both parents living in the home, 12% become teen mothers, compared to 27% among girls who do not.

6. **Despite remarkable progress nationwide, there remain many communities at high risk for teen pregnancy, especially those areas where poverty is high.** This is no surprise, but it is important to highlight. Many cities, for example, have been reporting great progress on teen pregnancies and births over all, but are the first to note that there remain particular neighborhoods (typically those that have high levels of deep poverty) where the rates have not budged much at all in recent years and may have even gone up. Consistent with this scenario, recent data show that, compared to the most well-off counties in the nation, teen birth rates in the most disadvantaged counties (in 2010) were more than twice as high. Similarly, teens living in rural areas are also at higher risk—the teen birth rate in the most rural counties is far higher than in the most urban counties (45 per 1,000 teens compared to 35 respectively).

Teen girls who have sex for the first time before age 15 are twice as likely
to become a teen mother

compared to those who wait until age 15 or older.

> The teen birth rate in the most rural counties is far higher than in the most urban counties (45 per 1,000 teens compared to 35 respectively).

✓ **7. The consequences of early pregnancy and childbearing remain serious.** Nearly all teen pregnancies are unplanned; that is, teens say they did not fully intend to get pregnant or cause a pregnancy. That alone is reason enough to continue caring about all this. But, it is also the case that teen childbearing is closely linked to a host of critical consequences that are currently receiving a great deal of attention, often through the lens of income and opportunity inequality. In particular, teen mothers face an increased risk of becoming or remaining poor, having a compromised education, becoming and remaining a single parent, having long-term dependence on a range of publicly financed programs, and overall relationship turmoil and stress—all of which put not only her but also her child at increased risk of poverty, father absence, a range of health and developmental problems, and more. And the fathers may also face burdensome child support responsibilities and a range of social and emotional problems as well.

> Teen mothers face an increased risk of becoming or remaining poor, compromised education, becoming and remaining a single parent, long-term dependence on a range of publicly financed programs, and overall relationship turmoil and stress—all of which put not only her but also her child at increased risk.

In addition to flagging these seven important hot spots, disparities, and consequences, there are also some simple observations that argue in favor of sustaining a strong focus on reducing teen pregnancy.

- **There is no teen pregnancy vaccination.** What goes down can go up again. We simply cannot assume teen pregnancy and childbearing will continue to decline or even that they will remain at their current lows. Remember that teen birth rates *increased* in 2006 and 2007. Remember, too, that the United States continues to produce a new crop of teens every single day.

- **Money matters.** In addition, there are substantial public costs associated with adolescent childbearing. The National Campaign estimates that teen childbearing cost taxpayers (federal, state, and local) at least $9.4 billion in 2010. Most of the costs of teen childbearing are associated with negative consequences for the children of teen mothers, including increased costs for health care, foster care, incarceration, and lost tax revenue.

- **Teen pregnancy as a gateway….issue.** Maintaining the nation's focus on teen pregnancy is also important because we have learned that teen pregnancy is often a "gateway" to pondering the larger problem of unplanned, unintended pregnancy, of which teen pregnancy is a subset. Although most Americans see teen pregnancy as a serious problem (in fact, most think the rates are still increasing![7]), the vast majority are unaware of the high U.S. levels of unplanned, unintended pregnancy and childbearing which also carry serious social, economic, and health consequences. At present, fully half of all pregnancies are unplanned and, among unmarried women in their 20s, seven in 10 pregnancies are reported by women themselves as unplanned. Moreover, rates of unintended pregnancy have been *increasing* quite steeply among poor women.[8] It may be that, at least for a while, addressing the "fertility chaos" now seen among 20-somethings and beyond still needs to be anchored in a sustained focus on preventing *teen* pregnancy.

> Teen pregnancy is often a "gateway" to pondering the larger problem of unplanned, unintended pregnancy, of which teen pregnancy is a subset.

- **The U.S. remains an outlier.** Despite the extraordinary progress the nation has made, the U.S. teen birth rate remains staggeringly high by international standards—more than four times higher than the rate for Western Europe, for example.[9]

A Prescription for Continued Progress

Even if we can all agree on the merits of continuing to focus on preventing teen pregnancy, we are still not home free. The real question, in our view, is not *whether* the nation should sustain its focus on helping adolescents avoid early pregnancy and parenthood but, rather, *what* exactly needs to be done to continue the national success story? Here are a few ideas.

- **Integrate pregnancy planning and prevention into other powerful sectors.** Pregnancy planning and prevention are "reproductive health" issues for sure, but they are far more than that and are woven into many enduring social and economic issues in American life. Despite this simple fact, there are numerous large sectors and programs (many of which receive immense amounts of public funding) that engage and interact with thousands of high risk teens and young adults every day—and that see and deal with the *consequences* of teen pregnancy every day—yet do precious little to include pregnancy planning and prevention in their work. Sectors that could do more include, for example, innumerable job training programs, the juvenile and family court system, many efforts to reduce the number of young people dropping out of high school, fatherhood interventions, the college completion and success community, the world of child support enforcement, and even the U.S. military. In addition, it is striking how often pregnancy planning and prevention are absent from discussions about ways to increase opportunity in America. Simply put, helping teens postpone their families and plan their pregnancies can make a measurable, significant contribution in all these areas and many more, yet this basic concept is often MIA. That needs to change.

> "It is striking how often pregnancy planning and prevention are absent from discussions about ways to reduce income inequality and to increase opportunity in America.

- **Focus on higher risk groups.** Yes, the nation has made truly extraordinary progress in preventing teen pregnancy. But the flip side of this good news is that perhaps the early wins have already been won. It may now be time to increase our focus on certain higher risk groups and areas, including at least the following:

    a. 18-19 year-olds, as well as the youngest teens;

    b. Teens of color;

    c. Youth in various parts of the child welfare system, including those in the foster care system;

    d. Teens whose own mothers were teens themselves when they gave birth; and

    e. Youth living in areas of deep and persistent poverty, including many rural communities.

  To be clear, there is great value in broad efforts to reduce teen pregnancy *and* in focusing more attention on particular sectors, areas, and groups who have not shared equally in overall national progress. We need to work at both levels. It's *and,* not *either/or.*

- **Low maintenance birth control: the first line of defense.** IUDs and the implant may well be the best contraceptive option for most teens—the American Academy of Pediatrics calls it "first line" contraception for adolescents and the American Congress of Obstetricians and Gynecologists states that that these methods are suitable for teens (as well as for older women) and should be used more often with younger clients—a recommendation that, among other things, requires *both* providers and teens to select this option more often.

> IUDs and the implant—low maintenance, highly effective, set it and forget it, birth control without the bother methods of contraception—may well be the best contraceptive option for teens.

- **Putting what works to work.** Communities should increasingly choose evidence-based programs to help reduce teen pregnancy. The good news is that the choosing is getting easier. The list of interventions that have been shown through careful evaluation to actually change teen sexual behavior—that is, delay sex and/or improve contraceptive use among those who are sexually active and/or actually reduce teen pregnancy—is growing in number, content, variety, and overall feel. No more relying on programs made up at the kitchen table and never evaluated.

- **Encourage entertainment media in all its many forms to continue focusing on the risks and realities of teen pregnancy.** Given the huge reach of entertainment media in all its forms—and the emerging evidence that media help to shape sexual attitudes and behavior—this sector deserves appreciation and support from all of us who care so much about reducing teen pregnancy. We can't (nor would we want to) ask the entertainment media to morph into public health educators, but they can be encouraged to continue raising a wide variety of issues that are not only relevant to teen pregnancy but also happen to make compelling story lines and content—such as unprotected sex, one night stands, parent-teen communication, alcohol and its aftermath, the consequences of early childbearing and limited education, intimate partner violence, how to say no (and what yes can mean), birth control choices and myths, pregnancy scares, and more.

- **Move sex education into the 21st century.** Developing and offering good online sex education for teens 17 and younger can be a valuable, important complement to more traditional sex education programs in schools. And of course, in communities that, for whatever reason, do not provide top notch evidence-based sex education in their schools, online material may fill a huge gap. Quality online sex education checks several important boxes: it is not buffeted by political fights over what teens can and should learn, it can help teens locate needed services in their own communities (think Google), it allows for real time modifications and updates, it offers anonymity, and it meets teens where they are which, increasingly, is in front of screens.

- **Parents, parents, parents.** More than two decades of good social science research and public opinion surveys make clear that parents influence their teens' decisions about sex more than they know. Teens consistently say that parents—not partners, not peers, not popular culture—*most* influence their decisions about sex and relationships. Parents are indeed their children's most important sex educators, and we must therefore continue encouraging and educating them and other significant adults to be the best that they can be in this critical area of family life.

> Teens consistently say that parents—not partners, not peers, not popular culture—*most* influence their decisions about sex and relationships.

- **Teens, teens, teens.** At the end of the day, teen pregnancy will only decrease though the actions and choices of teens themselves. This means that all of us who work in this particular vineyard must stay very close to teens and understand their lives in depth—the good, the bad, and the ugly. No number of conferences, articles, or television documentaries can substitute for deep and continuing involvement with those we are trying to help and influence—aka, the "target audience." Be with them, learn from them, ask their opinions and views, test things out with them, and get their feedback about your own ideas and efforts. Duh.

> Be with teens, learn from them, ask their opinions and views, test things out with them, and get their feedback about your own ideas and efforts. Duh.

- **And finally, we must tell the truth: prevention may not be enough.** The full benefit of postponing childbearing for teens requires not only pregnancy planning and prevention, but also continued, complementary efforts to increase overall opportunity, improve education and job availability, and revitalize our poorest communities. That is, we must openly admit and say clearly that in many instances—and especially for the most disadvantaged—simply postponing a birth for a few years may not make much of a difference in overall life trajectories if there is no simultaneous progress on other fronts (school, employment, opportunity, and more). Simply put, in some communities, reducing teen pregnancy is necessary but may not be sufficient for achieving better lifetime results.

There *Is* Just One More Thing

When The National Campaign was launched in 1996, we set an ambitious goal for the nation: Reduce the teen pregnancy rate in the United States by one-third over 10 years. We loved the goal; it was bold and brash, measurable, and motivating. Others had a different point of view. In particular, many who were at the time working on teen pregnancy and adolescent health thought the goal was *far* too ambitious—that urging even modest progress was a recipe for disappointment and that this newly formed "Campaign"—this new kid on the block—was unrealistic at best and unhinged at worst.

Time and teens themselves, however, have proven the early naysayers loud wrong. Incredible progress can and has been made on a complex and difficult problem that many once considered immoveable.

Our views about how to make continued progress in the days and years ahead are not all that different from our early ideas and values: Resist timidity. Embrace innovation and new ideas. Resist trying to be all things to all people. Embrace a clear focus and measurable goals. Resist single solutions. Embrace the complexity of our big country, full of different views, life experiences, and faiths. Resist using science only when it fits pre-existing views. Embrace the power of strong research, good data, and inquiring minds. Resist being overly dogmatic or strident. Embrace the values of persistence, empathy, courage, and reason. And humor, please.

BE BOLD.
BE RESPECTFUL.
CHANGE.
MOVE FORWARD.

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Our mission is to improve the lives and future prospects of children and families and, in particular, to help ensure that children are born into stable, two-parent families who are committed to and ready for the demanding task of raising the next generation.

Our strategy is to prevent teen pregnancy and unplanned pregnancy, especially among single, young adults.

We support a combination of responsible behavior by both men and women and responsible policies in both the public and private sectors.

When we are successful, child and family wellbeing will improve. There will be less poverty, more opportunities for young men and women to complete their education or achieve other life goals, fewer abortions, and a stronger nation.

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