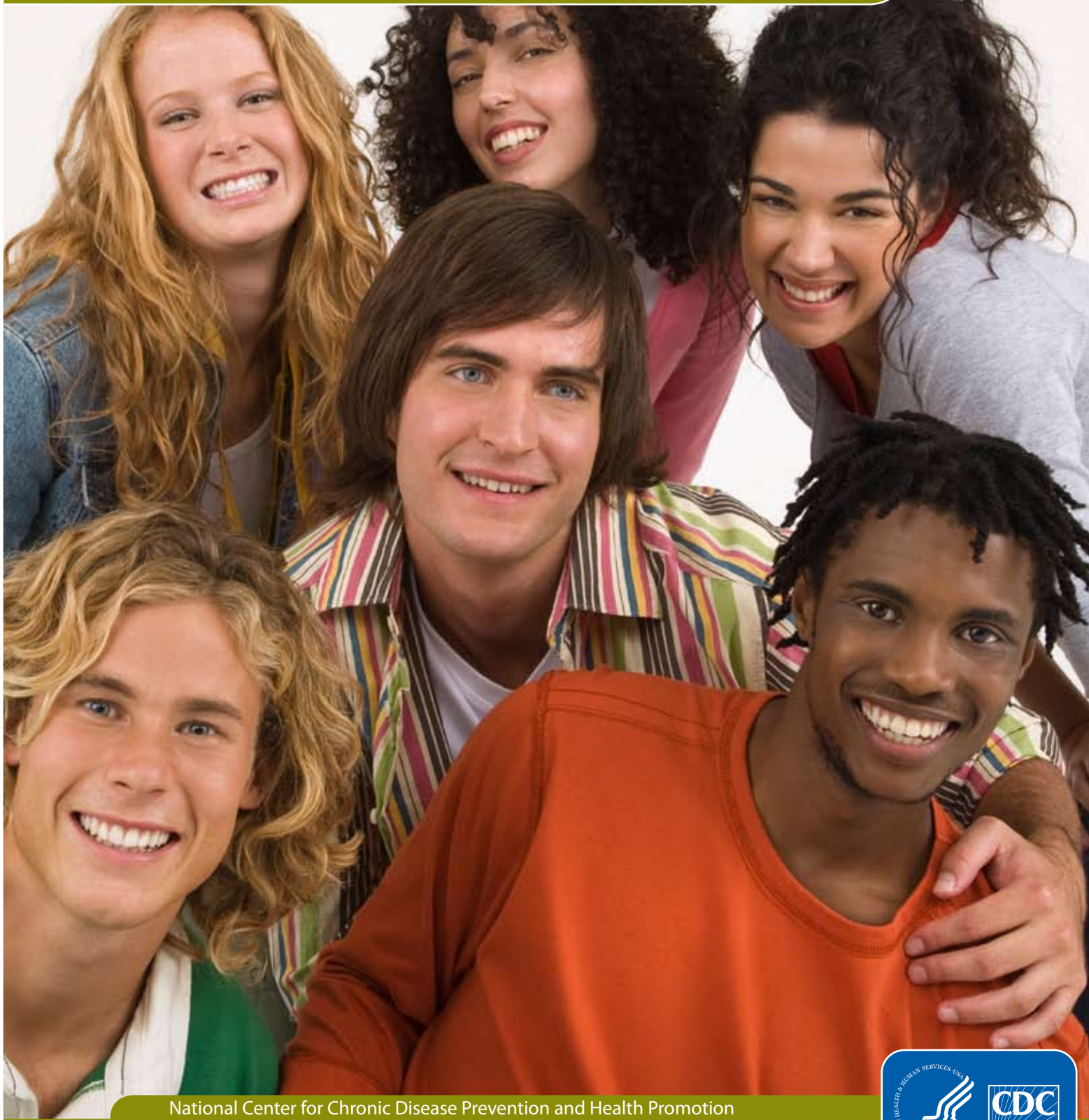


Preventing Teen Pregnancy 2010–2015



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



Preventing Teen Pregnancy 2010–2015

Teen Pregnancy in the United States

In 2008, 435,000 live births occurred to mothers aged 15–19 years, a birth rate of 41.5 per 1,000 women in this age group.¹ Nearly two thirds of births to mothers younger than age 18 and more than half among mothers aged 18–19 years are unintended.² Despite significant and steady declines in teen birth rates in recent decades, this decrease appears to have slowed recently, with rates increasing from 2005 to 2007, and then decreasing slightly in 2008. The U.S. teen pregnancy and birth, sexually transmitted diseases (STDs), and abortion rates are substantially higher than those of other western industrialized nations.³

The Importance of Prevention

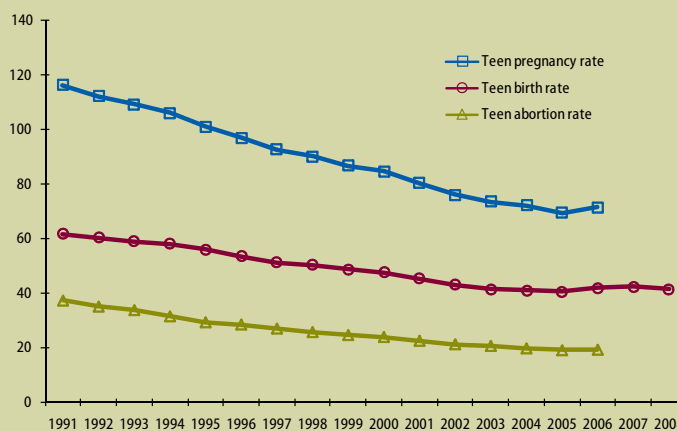
Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children.

- Teen pregnancy accounts for more than \$9 billion per year in costs to U.S. taxpayers for increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers.⁴
- Pregnancy and birth are significant contributors to high school drop out rates among girls. Only about 50% of teen mothers receive a high school diploma by age 22, versus nearly 90% of women who had not given birth during adolescence.⁵
- The children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.⁶

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



Figure 1. Pregnancy, Birth, and Abortion Rates per 1,000 Women Aged 15–19 Years, All Races and Origins: United States, 1991–2008*



DATA SOURCES FOR FIGURES 1 AND 2:

*Pregnancy and abortion rates only available through 2006.

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- Hamilton BE, Martin JA, Ventura SJ. Births: preliminary data for 2008. *National Vital Statistics Reports* 2010;58(16):Table 2.
- Guttmacher Institute. U.S. Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity, 2010. Available at www.guttmacher.org/pubs/USTPTrends.pdf.



Preventing Teen Pregnancy 2010–2015

A CDC Priority: Reducing Teen Pregnancy and Promoting Health Equity Among Youth

Teen pregnancy prevention is one of CDC's top six priorities, a "Winnable Battle" in public health and of paramount importance to health and quality of life for our youth.

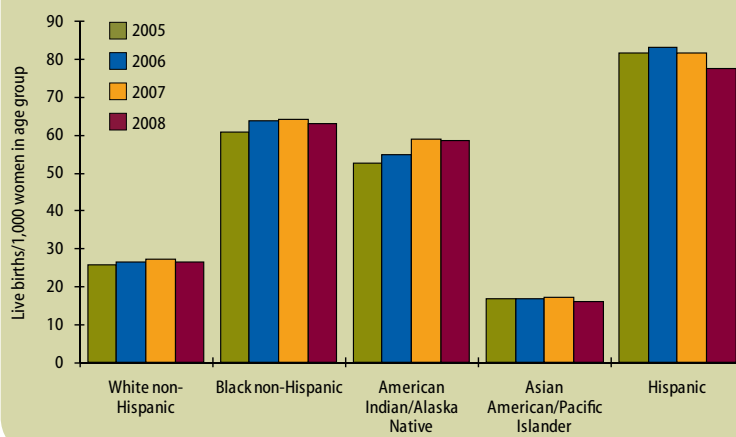
Evidence-based teen pregnancy prevention programs typically address specific protective factors on the basis of knowledge, skills, beliefs, or attitudes related to teen pregnancy.

1. Knowledge of sexual issues, HIV, other STDs, and pregnancy (including methods of prevention).
2. Perception of HIV risk.
3. Personal values about sex and abstinence.
4. Attitudes toward condoms (pro and con).
5. Perception of peer norms and behavior about sex.
6. Individual ability to refuse sex and to use condoms.
7. Intent to abstain from sex, or limit number of partners.
8. Communication with parents or other adults about sex, condoms, and contraception.
9. Individual ability to avoid HIV/STD risk and risk behaviors.
10. Avoidance of places and situations that might lead to sex.
11. Intent to use a condom.⁷



Non-Hispanic black youth, Hispanic/Latino youth, American Indian/Alaska Native youth, and socioeconomically disadvantaged youth of any race or ethnicity experience the highest rates of teen pregnancy and childbirth. Together, black and Hispanic youth comprise nearly 60% of U.S. teen births in 2008.¹ CDC is focusing on these priority populations because of the need for greater public health efforts to improve the life trajectories of adolescents facing significant health disparities, as well as to have the greatest impact on overall U.S. teen birth rates. Other priority populations for CDC's teen pregnancy prevention efforts include youth in foster care and the juvenile justice systems, and otherwise living in conditions of risk.

Figure 2. U.S. Birth Rates for Women Aged 15–19 Years by Race/Ethnicity 2005–2008



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2. Chandra A, Martinez GM, Mosher WD, Abma JC, Jones J. Fertility, family planning, and reproductive health of U.S. women: Data from the 2002 National Survey of Family Growth. *National Vital Health Stat* 2005;23(25):12.
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5. Parper K, Peterson K, Manlove J. Diploma attainment among teen mothers. *Child Trends*, Fact Sheet Publication #2010-01: Washington, DC: Child Trends; 2010.
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Preventing Teen Pregnancy 2010–2015

What is CDC doing about teen pregnancy prevention?

Reducing Teen Pregnancy in 2010–2015

Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies Through Communitywide Initiatives and The President's Teen Pregnancy Prevention Initiative (TPPI).

As part of TPPI, CDC is partnering with the U.S. Department of Health and Human Services, Office of Public Health and Science (OPHS) to reduce teen pregnancy and address disparities in teen pregnancy and birth rates. The OPHS Office of Adolescent Health (OAH) supports public and private entities to fund medically accurate and age-appropriate evidence-based or innovative program models to reduce teen pregnancy.

TPPI is focused on communities with the highest rates of teen pregnancy, with an emphasis on reaching African American and Hispanic/Latino youth. In order to reduce community-wide teen pregnancy and birth rates, programs will need to use broad-based strategies that reach a majority of youth in the community, as well as more intensive strategies customized to reach youth at highest risk for teen pregnancy.

Program goals are—

1. Reduce the rates of teen pregnancies and births in the target area.
2. Increase youth access to evidence-based and evidence-informed programs to prevent teen pregnancy.
3. Increase linkages between teen pregnancy prevention programs and community-based clinical services.
4. Educate stakeholders about relevant evidence-based and evidence-informed strategies to reduce teen pregnancy, and on needs and resources in target communities.

In 2010, CDC issued two competitive funding opportunity announcements to support cooperative agreements with community-based organizations and national organizations for 2010 through 2015:

1. A joint CDC and OPHS funding opportunity for up to \$10 million from the TPPI to support community-based organizations to fund demonstration projects to test innovative, sustainable, community-wide multi-component initiatives. This announcement also makes available \$2 million in CDC funds to support national organizations that will provide training and technical assistance to the community-based projects.
2. CDC issued a funding announcement providing up to \$1,000,000 in funds under Title X of the Public Health Service Act to support an additional community-based project.

These programs will build upon experience from the past. From 2005 through 2010, CDC funded nine state teen pregnancy prevention organizations, four Title X Regional Training Centers, and three national teen pregnancy prevention organizations through the *Promoting Science-Based Approaches to Prevent Teen Pregnancy* (PSBA) program. Through intensive training and technical assistance, state and local youth-serving organizations built their capacity to provide youth with evidence-based teen pregnancy prevention programming, and to evaluate and sustain these efforts. From 2007 through 2009, in school- and community-based settings, more than 50,000 youth received evidence-based comprehensive sex education curricula and/or youth development programming shown to prevent teen pregnancy or reduce associated behavioral risk factors.



FUNDED PROJECT PARTNERS FOR 2010–2015

National Partners

- Advocates for Youth
- Cicatelli Associates, Inc.
- Healthy Teen Network
- John Snow, Inc. and JSI Research & Training Institute, Inc.
- National Campaign to Prevent Teen and Unplanned Pregnancy

Title X Partner

- Alabama Department of Public Health

State and Community-Based Partners

- Adolescent Pregnancy Prevention Campaign of North Carolina
- City of Hartford Department of Health and Human Services
- Family Planning Council, Southeastern Pennsylvania
- Fund for Public Health in New York, Inc.
- Georgia Campaign for Adolescent Pregnancy Prevention
- Massachusetts Alliance on Teen Pregnancy
- South Carolina Campaign to Prevent Teen Pregnancy
- University of Texas Health Science Center at San Antonio

For more information on Teen Pregnancy Prevention, contact the Division of Reproductive Health, CDC, 4770 Buford Highway, MS-K20, Atlanta, GA 30341. Additional information on the 2010-2015 programs will be available at www.cdc.gov/reproductivehealth.