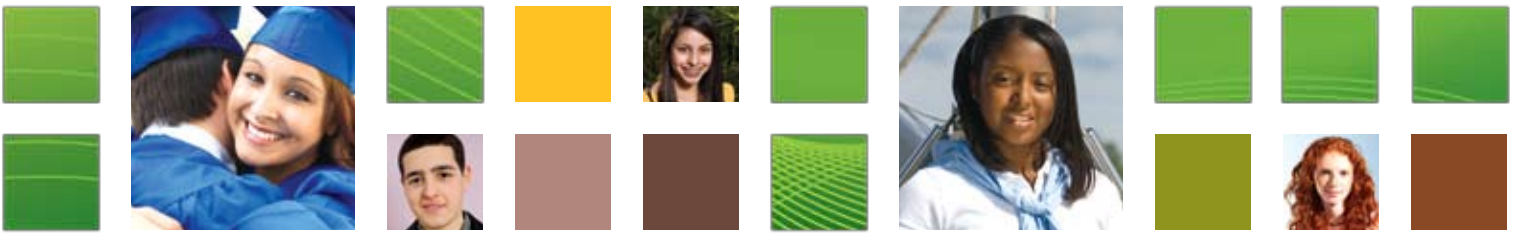


**TEEN PREGNANCY**  
IMPROVING THE LIVES  
OF YOUNG PEOPLE AND  
STRENGTHENING  
COMMUNITIES  
BY REDUCING  
TEEN PREGNANCY

**AT A GLANCE**  
2011

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





## Teen Pregnancy in the United States

In 2009, a total of 409,840 infants were born to females aged 15–19 years, for a live birth rate of 39.1 per 1,000 females in this age group. Nearly two-thirds of births to females younger than age 18 and more than half of those among females aged 18–19 years are unintended. The U.S. teen birth rate fell by more than one-third from 1991 through 2005, but then increased by 5% over 2 consecutive years. Data for 2008 and 2009 indicate that the long-term downward trend has resumed. Teen pregnancy and birth rates in the United States are substantially higher than those in other Western industrialized nations.

### The Adverse Effects of Teen Pregnancy

The social and economic costs of teen pregnancy and childbearing are often high, and these costs can be both immediate and long-term for teen parents and their children. For example, teen pregnancy and childbirth contribute significantly to drop-out rates among high school girls. Only about 50% of teen mothers receive a high school diploma by age 22, compared with nearly 90% of women who did not give birth during adolescence.

Children who are born to teen mothers also experience a wide range of problems. For example, they are more likely to

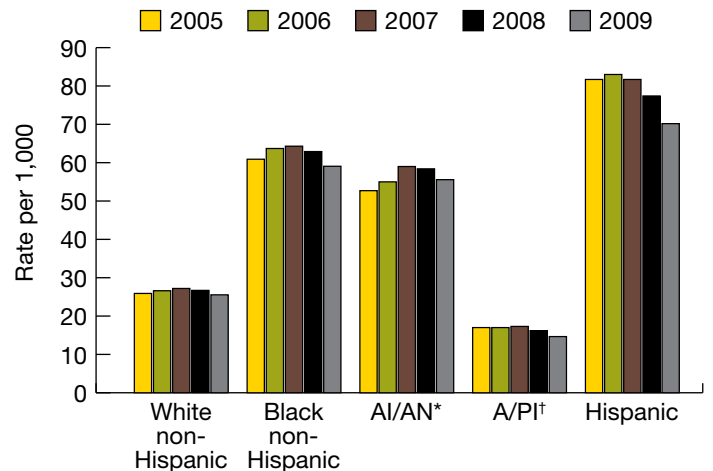
- Have fewer skills and be less prepared to learn when they enter kindergarten.
- Have behavioral problems and chronic medical conditions.
- Rely more heavily on publicly funded health care.
- Be incarcerated at some time during adolescence.
- Drop out of high school.
- Give birth as a teenager.
- Be unemployed or underemployed as a young adult.

Teen pregnancy and childbirth cost U.S. taxpayers an estimated \$9 billion per year because of increased health care and foster care costs, increased incarceration rates among the children of teen parents, and lost tax revenue from teen mothers who earn less money because they have less education.

### Preventing Teen Pregnancy

Teen pregnancy prevention is of paramount importance to the health and quality of life of young people and communities throughout the United States. It is also one of CDC's six public health priorities. CDC's efforts in this critical area include

**Birth Rates Among U.S. Females Aged 15–19 Years, by Race/Ethnicity, 2005–2009**



\* American Indian/Alaska Native.

† Asian American/Pacific Islander.

Source: CDC, National Center for Health Statistics.

promoting evidence-based programs designed to help teenagers develop “protective factors” to avoid teen pregnancy and childbirth. Examples of protective factors include

- Knowledge of sexual health, HIV infection, other sexually transmitted diseases (STDs), and pregnancy (including methods of prevention).
- Perception of HIV risk.
- Personal values about sex and abstinence.
- Attitudes toward condom use.
- Perception of peer norms and behavior about sex.
- Individual ability to refuse sex and to use condoms.
- Intent to abstain from sex or limit the number of partners.
- Communication with parents or other adults about sex, condoms, and contraception.
- Individual ability to avoid risk and risk behaviors associated with HIV and other STDs.
- Avoidance of places and situations that might lead to sex.
- Intent to use a condom.



## CDC's Response: Reducing Teen Pregnancy and Promoting Health Equity

As part of President Obama's Teen Pregnancy Prevention Initiative (TPPI), CDC is partnering with the federal Office of the Assistant Secretary for Health (OASH) to reduce teen pregnancy and address disparities in teen pregnancy and childbirth rates. The OASH's Office of Adolescent Health supports public and private groups to fund evidence-based or innovative teen pregnancy prevention programs that are medically accurate and age-appropriate.

TPPI is focused on communities with the highest rates, with an emphasis on reaching African American and Hispanic/Latino youth. To reduce teen pregnancy and childbirth rates, programs will need to use broad strategies designed to reach a majority of youth in a community. They also will need to use more intensive strategies that are tailored to reach youth who are at the highest risk.

The goals of the TPPI are to

- Reduce the rates of teen pregnancy and childbirth in priority populations.
- Increase the number of youth who have access to evidence-based or evidence-informed programs designed to prevent teen pregnancy.
- Increase links between teen pregnancy prevention programs and community-based clinical services.
- Educate stakeholders about evidence-based or evidence-informed strategies designed to reduce teen pregnancy and about the needs and resources of the priority communities.

Organizations funded through this partnership will address all of these goals.

In 2010, CDC provided 5-year funding for two types of cooperative agreements to address teen pregnancy. The first is a joint CDC and OASH project that provides up to \$10 million from the TPPI to support demonstration projects conducted by community-based organizations. These projects will test innovative, sustainable, and multicomponent initiatives in communities. CDC will provide another \$2 million to national partners to provide training and technical assistance for these projects. CDC also funded a cooperative agreement to support a Title X family planning program grantee, the Alabama Department of Public Health, to expand its teen pregnancy prevention programs.

### Project Partners Funded 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 Partners

- Adolescent Pregnancy Prevention Campaign of North Carolina
- City of Hartford Department of Health and Human Services, Connecticut
- 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

### Identifying Youth at Higher Risk

The highest rates of teen pregnancy and childbirth are among non-Hispanic blacks, Hispanics/Latinos, and American Indians/Alaska Natives. Rates also are high among youth of all races and ethnicities who are socioeconomically disadvantaged. In 2009, 57% of teen births were to African American and Hispanic youth, although they represent only 35% of the total population of females aged 15–19 years. CDC is focusing on these priority populations in order to improve the lives of adolescents who are affected by health disparities, as well as to reduce overall teen childbirth rates in the United States. CDC also is working to help all youth who are at risk, such as those in foster care and the juvenile justice system.



## CDC's Response (continued)

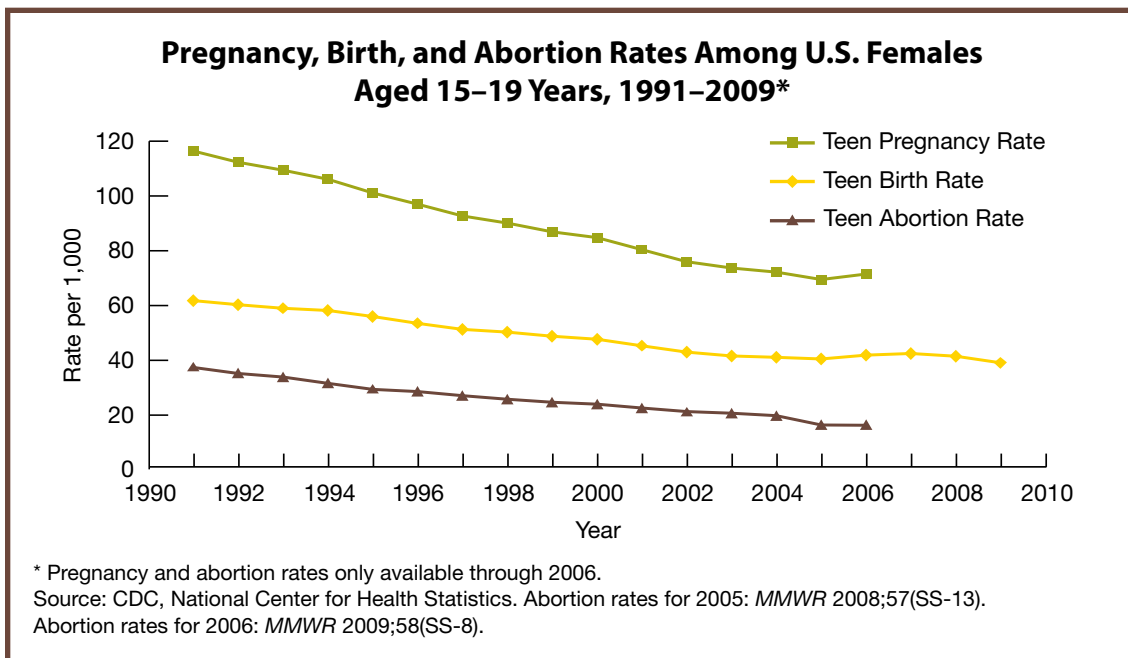
### Past Programs Have Shown Success

During 2005–2010, CDC funded several organizations through its Promoting Science-Based Approaches to Prevent Teen Pregnancy program. Funded organizations included nine state organizations, four Title X Regional Training Centers, and three national teen pregnancy prevention organizations. CDC provided state and local organizations with intensive training and technical assistance to help build their capacity to develop evidence-based prevention programs. CDC also helped these organizations evaluate and sustain their efforts. Youth in school and community settings received comprehensive sex education curricula or youth development programs that have been shown to prevent teen pregnancy or reduce associated behavioral risk factors. For example,

- In 2007, Washington State enacted the Healthy Youth Act. This law requires that all public schools follow the

Washington State Department of Health's 2005 guidelines for sex education, which include information about contraception and abstinence.

- In 2009, Washington State enacted the Proven Programs Act, which requires that any funding the state seeks for sex education must be for programs that are effective, medically accurate, and proven to work.
- In 2007, Colorado enacted a law requiring that schools that offer sex education develop scientifically and medically accurate curricula that stress abstinence and discuss the health benefits of using contraception.
- In 2009, North Carolina enacted a law requiring that all students in grades 7–9 receive comprehensive sex education unless their parents object.



For more information, please contact the Centers for Disease Control and Prevention  
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