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.

“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.

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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.”

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.
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 by 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-
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
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.”

Representative Ken Esquibel (D)
Wyoming