Preventing Pregnancy Among Older Teens

By Megan Comlossy

The good news is that teenage birth rates again reached historic lows in 2013. The bad news is that U.S. teen pregnancy, birth and abortion rates remain among the highest in the developed world. These rates are calculated for women between the ages of 15 and 19, but a closer look shows the birth rate for teens ages 18 to 19 to be nearly four times that of their younger peers. In addition, the birth rate among older teens is declining more slowly—falling 50 percent since 1991—compared to the nearly 70 percent decline for those ages 15 to 17. To dramatically shift teen pregnancy rates, state legislatures are increasingly devoting attention and resources to effective strategies that prevent pregnancy among this population.

More than 20 percent of births to 18- and 19-year-olds are to teens who already have given birth, compounding the challenges for these young mothers. Even though they may have a high school diploma or GED, significant risks to a child’s well-being remain when mothers are young and unmarried. Compared with 20- to 21-year-old mothers, the children of older teens are more likely to come in contact with the child welfare and criminal justice systems and become teen parents themselves.

Unplanned Pregnancy and Community Colleges. Sixty-eight percent of 18- and 19-year-olds attend either high school or college, so unplanned pregnancies can interrupt or derail educational achievement. Nationally, unplanned births account for nearly one in 10 dropouts among female students at community colleges, and 61 percent of women who have children after enrolling in community college do not complete a degree. Surveys indicate that nearly half of all community college students have been pregnant or have impregnated someone at some point. Community colleges can help prevent unplanned pregnancies by integrating education about healthy relationships and effective contraception into existing coursework, freshman orientation or campus-wide extracurricular activities; ensuring their health clinics provide or refer students to contraceptive and sexually transmitted infection (STI) services; posting educational materials in community spaces; and offering links to resources on the school’s website.
State Action

In 2014, Mississippi lawmakers took a step to address the disproportionate incidence of unplanned pregnancy among older teens, who account for about 70 percent of teen births statewide. Senate Bill 2563 identified community colleges and universities as “critical venues” through which to prevent unplanned pregnancies among 18- and 19-year-olds. It also requires the commissioner of higher education and the executive director of the state community college board to develop a plan to address the issue and present it to the Legislature in November 2014. The plan must incorporate information in student success, orientation and academic courses, where appropriate, about preventing unplanned pregnancy. It also calls for identifying opportunities to raise awareness and provide information to the entire student population; collaborate with community health centers to improve access to care; and identify challenges single parents face in completing their education. Finally, it requires that students serve as mentors and role models of healthy choices to younger teens, and seeks non-state funding to prevent unplanned pregnancy and promote student success.

Organizations in 44 states and the District of Columbia received federal Personal Responsibility Education Program (PREP) grants to provide evidence-based programs to youth ages 10 to 19 who are at high risk of teen pregnancy. PREP also provides support to pregnant youth and mothers up to age 21. About 75 percent of states are providing PREP programs in geographic areas where teen birth rates are high. Many are focusing on high-risk populations such as foster care (19 states), adjudicated youth (14 states), runaway and homeless youth (six states) and minority youth (28 states). Programs emphasize abstinence, contraceptive use and “adulthood preparation” topics such as healthy relationships and financial literacy. In Ohio, for example, the departments of health, jobs and family services, and youth services are training officials who work with foster care and incarcerated youth to reduce teen pregnancy and STI rates among those age 14 to 19.

Federal regulations have long allowed state legislatures and other policymakers to extend Medicaid coverage for family planning services—not including abortion—to people who otherwise are not eligible. Numerous studies have shown that expanding Medicaid family planning services is highly cost-effective. Under the Affordable Care Act, the rules were relaxed to allow states to extend these services through an amendment to the state plan, rather than a waiver. To date, 11 states have done so. Of the 29 states that expand these services, 19 allow those under age 19 to receive services; in two states, people must be at least 18 to qualify.

Federal Action

Title X of the Public Health Service Act funds at least one clinic in most U.S. counties to provide family planning and preventive health services. With federal support, these clinics serve nearly 5 million clients annually, 69 percent of whom had incomes at or below the federal poverty level ($11,670 for a single person in 2014). Nearly 50 percent of clients were under age 24, and about 20 percent were age 19 or younger. The Guttmacher Institute estimates that Title X saved taxpayers an estimated $5.3 billion in 2010 by preventing unplanned pregnancies, with savings ranging from $4 million in Vermont to more than $1 billion in California.

NCSL Contact and Resources

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Teen Pregnancy Prevention
The Public Cost of Teen Childbearing

Additional Resources

Unplanned Pregnancy among College Students and Strategies to Address It, The National Campaign to Prevent Teen and Unplanned Pregnancy

State Fact Sheets from the National Campaign to Prevent Teen and Unplanned Pregnancy