

Teen Pregnancy and Teen Birth Rate

About the Title V Block Grant

The federal Title V Maternal and Child Health (MCH) Block Grant helps states ensure the health of all mother and children. As part of Minnesota's Title V Block Grant activity requirements, the MDH conducts a statewide needs assessment every five years. The needs assessment provides guidance to Title V activities for the next five years by identifying priority issues. This fact sheet describes one of Minnesota's priority issues.

Seriousness of the Issue

From 1991 to 2007, teen birth rates in the United States declined 31 percent.¹ Although the birth rates have been steadily decreasing over the past 16 years, there was an increase of 5 percent between 2005 and 2007.² In 2006, teen birth rates increased in more than half of the states, including Minnesota.³ Despite the fluctuations over the years, the United States still has the highest rates of teen pregnancy among other industrialized countries.⁴

In 2007, Minnesota's overall teen pregnancy rate for women aged 15 – 19 was 39 per 1000.⁵ In 2007, there were 5,249 births to women aged 19 years and younger.⁶ Each day in Minnesota in 2007, approximately 14 women aged 19 years and younger gave birth.

While Minnesota has low adolescent birth rates overall compared to other states, there are striking racial and ethnic disparities.⁷ In 2007, Minnesota's Hispanic/Latina and American Indian teen birth rates were six times higher than that of white adolescents.

Birth rates among females aged 15-19 years for 2007:

- White: 18 per 1,000
- African American: 78.6 per 1,000
- American Indian: 107.6 per 1,000
- Asian: 49.8 per 1,000
- Hispanic/Latina: 107.8 per 1,000⁸

Many teen mothers go on to have more children. In Minnesota, 17 percent of teen mothers have a second birth before the age of 20.⁹ The highest subsequent

birth rates are among Asian/Pacific Islanders. Of the total birth rate for this race, 29 percent are subsequent births.¹⁰

Teenage childbearing is associated with unfavorable outcomes for young parents, their children, and society. For adolescent parents, negative consequences include increased school drop out rates, remaining unmarried, and living in poverty.¹¹ Also, teen mothers typically do not seek prenatal care in the first trimester if at all.¹² This puts children born to adolescent mothers at risk for preterm delivery and/or low birthweight.¹³

Children of adolescent mothers are more likely to have unfavorable outcomes such as lower cognitive attainment, behavioral problems, chronic medical conditions, reliance on public health care, dropping out of high school, and are at an increased risk of future unemployment.¹⁴ Other research indicates that daughters born to teen mothers have an increased risk of becoming teen parents themselves and sons born to teen mothers are more likely to become incarcerated.¹⁵

Teen pregnancy and childbearing have unfavorable outcomes that affect the economy and society as a whole. From 1991-2004, the estimated public cost of teen childbearing in the United States was \$161 billion dollars.¹⁶ In 2004 alone, teen childbearing cost the United States at least \$9.1 billion dollars.¹⁷ In 2004, Minnesota's teen childbearing cost the taxpayers (federal, state, and local) at least \$142 million.¹⁸

Evidence-Based Strategies

There are numerous risk factors, as well as protective factors, which can influence a teen's sexual behavior and potential pregnancy. Numerous studies have considered these factors and have come to conclusions that show the effectiveness of three types of preventative programs.¹⁹ First, there are curriculum based programs that primarily focus on sexual factors. Next, there are service learning programs that focus on nonsexual factors. Lastly, there are multi-component programs that focus on both factors.



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Curriculum based programs that focus on sexual factors that show strong evidence of behavioral impact include: ¡Cuídate!, Draw the Line Respect the Line, Safer Choices: Preventing HIV, Other STD and Pregnancy, Making Proud Choices: A Safer Sex Approach, Reducing the Risk, Keepin It R.E.A.L., and Reproductive Health Counseling for Young Men. The purpose of these programs is to delay initiation of sexual activity, reduce the number of sexual partners, reduce unprotected sex, and much more.

Service Learning programs that focus on nonsexual factors can impact the behaviors of teens. They can be implemented in schools, clinics, and surrounding communities. Examples of service-learning programs include: The Reach for Health and Teen Outreach Program (TOP). TOP focuses on three goals: healthy behaviors, life skills, and a sense of purpose. These goals can be achieved over the course of the nine month program. Also, the teens will complete at least 20 hours of service learning and self-reflection discussions are encouraged. A 12 year, in depth evaluation study found that implementation of TOP resulted in a lower rate of school drop out by 60%, lower teen pregnancy rate by 33%, lower rate of school suspension by 14%, and lower rate of course failure by 11%.²⁰

Multi-component based programs that focus on sexual and non-sexual factors and support positive behavioral impact include: Aban Aya and Children's Aid Society-Carrera Program.

These programs have similarities and differences. A common theme among them is to prevent adolescent pregnancy. Other positive outcomes include reduced school suspension, decreased course failure and drop out rate, and more.

Current Resources and Capacity

Teen Outreach Program (TOP) is being implemented across the state of Minnesota. Currently, 14 sites have been trained to facilitate the program aimed at teens ages 12-18.

Temporary Assistance to Needy Families (TANF) is a federal program that provides funding to each state. The TANF dollars are then divided into a variety of areas, with one being Family Home Visiting (FHV) which received almost \$7 million in 2009. The goal of the FHV program is to foster healthy beginnings, improve pregnancy outcomes, promote school readiness, prevent child abuse and neglect, reduce juvenile delinquency, promote positive parenting and

resiliency in children, and promote family health and economic self-sufficiency for children and families.²¹ One area of focus related to teen pregnancy prevention is spacing of subsequent pregnancies in adolescents. Of the 91 local health departments in Minnesota, 88 stated that the most high risk and focused area of concern for 2009 is adolescent parents.

Family Planning Special Projects (FPSP) is a grant program that funds family planning programs biannually throughout Minnesota.²² Multiple agencies within a region receive funding. These funds may be used for public information, outreach, and family planning method services, both medical and non-medical. FPSP primarily serves men, women and teens with limited access to services due to barriers such as poverty.

¹ Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting. (2009). *Minnesota Adolescent Sexual Health Report*. Retrieved August, 10, 2009, from <http://www.moapp.org/Documents/2009AdoHealthReport.pdf>

² Ibid.

³ Centers for Disease Control and Prevention. (2009). *Teen Birth Rates Increase in Over Half of States*. Retrieved August 10, 2009, from www.cdc.gov/nchs/pressroom/09newsreleases/teenbirth.htm

⁴ Stay Teen. (2009). *Teen Pregnancy*. Washington, DC: The National Campaign to Prevent Teen Pregnancy. Retrieved August 13, 2009, from www.stayteen.org/get-informed/default.aspx

⁵ Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting. (2009). *Minnesota Adolescent Sexual Health Report*. Retrieved August, 10, 2009, from <http://www.moapp.org/Documents/2009AdoHealthReport.pdf>

⁶ Ibid.

⁷ The Alan Guttmacher Institute. (2004). *U.S. teenage pregnancy statistics: Overall trends, trends by race and ethnicity and state-by-state information*. Washington, DC: The National Campaign to Prevent Teen Pregnancy. Retrieved August 10, 2009, from <http://www.thenationalcampaign.org/national-data/pdf/STBYST07.pdf>

⁸ Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting. (2009). *Minnesota Adolescent Sexual Health Report*. Retrieved August, 10, 2009, from <http://www.moapp.org/Documents/2009AdoHealthReport.pdf>

⁹ Ibid.

¹⁰ Ibid.

¹¹ Hoffman, S. (2009). *By the Numbers: The Public Costs of Teen Childbearing in Minnesota November 2006*.

Washington, DC: The National Campaign to Prevent Teen Pregnancy. Retrieved August 10, 2009, from <http://www.thenationalcampaign.org/costs/pdf/states/minnesota/fact-sheet.pdf>

¹² Centers for Disease Control and Prevention. (2009). *Sexual and Reproductive Health of Person Aged 10-24 Years- United States, 2002-2007*. Morbidity and Mortality Weekly Report. Department of Health and Human Services. Retrieved August 11, 2009, from <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5806a1.htm>

¹³ Ibid.

¹⁴ Centers for Disease Control and Prevention. (2009). *Adolescent Reproductive Health: About Teen Pregnancy*. Retrieved August 10, 2009, from www.cdc.gov/reproductivehealth/AdolescentReproductiveHealth/AboutTP.htm

¹⁵ Hoffman, S. (2009). *By the Numbers: The Public Costs of Teen Childbearing in Minnesota November 2006*. Washington, DC: The National Campaign to Prevent Teen Pregnancy. Retrieved August 10, 2009, from <http://www.thenationalcampaign.org/costs/pdf/states/minnesota/fact-sheet.pdf>

¹⁶ Hoffman, S. (2009). *Summary: How Much Does Teen Childbearing Cost?* Washington, DC: The National Campaign to Prevent Teen Pregnancy. Retrieved August 13, 2009, from http://www.thenationalcampaign.org/costs/pdf/report/2-BTN_Summary.pdf

¹⁷ Ibid.

¹⁸ Hoffman, S. (2009). *By the Numbers: The Public Costs of Teen Childbearing in Minnesota November 2006*. Washington, DC: The National Campaign to Prevent Teen Pregnancy. Retrieved August 10, 2009, from <http://www.thenationalcampaign.org/costs/pdf/states/minnesota/fact-sheet.pdf>

¹⁹ Kirby, D. (2007). *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Washington, DC : The National Campaign to Prevent Teen and Unplanned Pregnancy.

²⁰ Allen JP., Philliber S., & Herring S. *Preventing Teen Pregnancy and Academic Failure: Experimental Evaluation of a Developmentally-Based Approach*. Child Development; 64:729-742; 1997.

²¹ Minnesota Department of Health. (2009). *Family Home Visiting Program*. Retrieved August 17, 2009, from <http://www.health.state.mn.us/divs/fh/mch/fhv/index.htm>

²² Minnesota Department of Health. (2009). *Family Planning*. Retrieved August 19, 2009, from <http://www.health.state.mn.us/divs/fh/mch/familyplanning/spec-projects.html>