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CRS Report for Congress

Teenage Pregnancy Prevention: Statistics and Programs

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Summary

Of the approximately 747,000 U.S. teenagers who have become pregnant in each of the last few years, about half follow the pregnancy to term and give birth. In 2005, teen births accounted for 10.2% of all births and 22.9% of all nonmarital births. Although birth rates for U.S. teenagers have been declining since 1991, they remain higher than the teen birth rates of most industrialized nations. This report briefly examines some of the data collected by the National Center for Health Statistics on teenage childbearing, offers potential reasons for high teen pregnancy and birth rates, and provides synopses of select federal programs to prevent teen pregnancy and reduce teen births. This report will be updated as legislative and statistical information warrant.

Introduction

In 2002, an estimated 747,000 U.S. teenagers became pregnant, approximately 107,000 had miscarriages, and 215,000 had legal abortions (latest available data). The result was that there were 425,000 births to teenagers in 2002.[1] In 2005, 10.2% of all U.S. births were to teens, and 22.9% of all nonmarital births were to teens. In recognition of the negative, long-term consequences associated with teenage pregnancy and births, the prevention of teenage and out-of-wedlock childbearing is a major goal of this nation. Although birth rates for U.S. teens have dropped in recent years, they remain higher than the teenage birth rates of most industrialized nations.

Teenage Births in the United States

National Trends. In 1950, the number of births to U.S. females under age 20 was 438,000; by 1960 births to teens had increased nearly 36% to 593,746; and by 1970 they had increased another 11% to 656,460. Since then, the number of births to teens has generally declined, with some upward fluctuations. Births to teenagers declined 36% from 1970 to 2005; 25% from 1980 to 2005; 23% from 1990 to 2005, and 12% from 2000

[1] Guttmacher Institute, *U.S. Teenage Pregnancy Statistics: National and State Trends and Trends by Race and Ethnicity*, updated September 2006, p. 5.

to 2005. In 2005, the number of births to teens was 421,123 (of which 6,717 births were to girls under age 15).[2]

The peak birth rate for U.S. teenagers occurred in 1957, with 96.3 births per 1,000 women aged 15-19. The 2005 teenage birth rate of 40.4 per 1,000 women aged 15-19 is the lowest recorded birth rate for teenagers (20% below the 1986 low of 50.2 births per 1,000 female teens). Teenage birth rates increased during the late 1940s (i.e, the "baby boom" years after World War II) and 1950s; decreased during the 1960s and early 1970s; remained relatively stable between 1975 and 1988; and after increasing sharply during the late 1980s, declined every year from 1991 to 2005. In 1950, teens (15-19) gave birth at the rate of 81.6 per 1,000 teens, compared to 61.8 per 1,000 teens in 1991, and 40.4 per 1,000 teens in 2005. While the *number* of births to females under age 20 decreased nearly 21% from 1991 to 2005, the *birth rate* of teens aged 15 to 19 declined by about 35% in the same period. The smaller decline in the number of births to teens compared with the teen birth rate is due to an increase in the number of teenage females in the 1990s.

In 2005 (the fourteenth consecutive year that the overall teen birth rate moved downward), the birth rate for teenagers aged 15-17 was down almost 45% from 1991. For teens aged 18 and 19, the birth rate dropped by nearly 26% from 1991 to 2005. In 2005, of the 421,123 births to females under age 20, 83% (349,551 births) were to unmarried teenagers. With fewer teens entering into marriage, the proportion of births to unmarried teens has increased dramatically (83% in 2005 versus 29% in 1970).

State Data/Trends. Teen birth rates vary considerably from state to state. During 1991-2004, a reduction in the rate of births among teens aged 15-19 was observed in all 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. In 28 states, D.C., Guam, and the Virgin Islands, the rate was down by at least 30%. In 2004, the lowest reported rate was in New Hampshire, at 18.2 births per 1,000 women (aged 15-19) and the highest reported rate was in the District of Columbia, at 66.7 births per 1,000 women (aged 15-19).[3]

Some Demographic Features and Trends. During the period 1991-2005, teen birth rates declined for white, black, American Indian, Asian or Pacific Islander, and Hispanic women aged 15 through 19.[4] The greatest decline in the teen birth rate occurred among non-Hispanic black teens, for whom the rate was down 48%. However, despite the general decline in teenage birth rates for all races and for persons of Hispanic origin, birth rates for black and Hispanic teenagers continue to be much higher than that of other racial/ethnic groups. In 2005, Hispanic teens (15-19) gave birth at a rate of 81.5 per 1,000 Hispanic teens. Non-Hispanic black teens gave birth at a rate of 60.9 per 1,000 non-Hispanic black teens. In contrast, non-Hispanic white teens gave birth at a rate of 26.0

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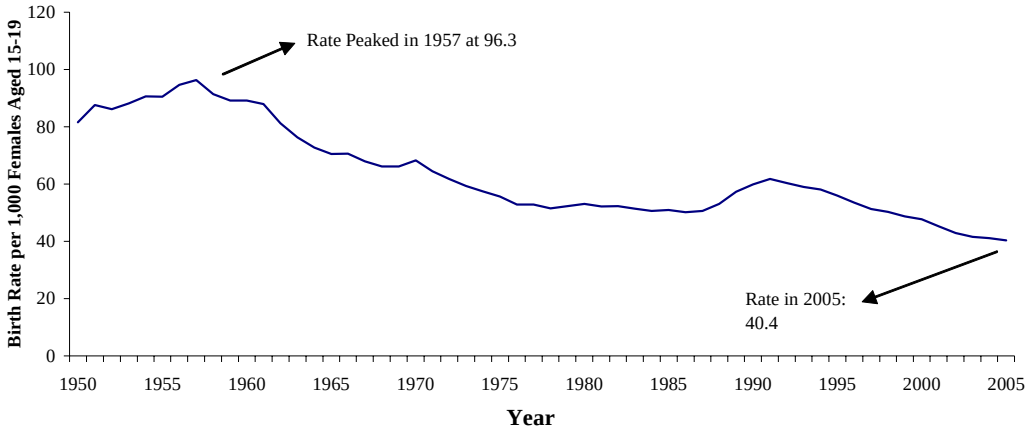
[2] "Births: Preliminary Data for 2005," by Brady E. Hamilton, Joyce A. Martin, and Stephanie J. Ventura, National Center for Health Statistics. Forthcoming. See [http://www.cdc.gov/nchs/products/pubs/pubd/hestats/prelimbirths05/prelimbirths05.htm] and [http://www.cdc.gov/nchs/data/hestat/prelimbirths05_tables.pdf#1]. Hereafter referred to as "Births: Preliminary Data."

[3] "Births: Final Data for 2004," by Joyce A. Martin, Brady E. Hamilton, Paul D. Sutton, Stephanie J. Ventura, and Fay Menacker, *National Vital Statistics Report*, vol. 55, No. 1, Sept. 29, 2006, p. 10.

[4] "Births: Preliminary Data."

per 1,000 non-Hispanic white teens, American Indian teenagers at a rate of 52.7 per 1,000 American Indian teens (their 2004 rate was 52.5), and Asian or Pacific Islanders at the lowest rate, 16.9 per 1,000 Asian/ Pacific Islanders teens. Also noteworthy is the decline in subsequent births among teen mothers. In 1951, 28% of all teen births were second or higher-order births, compared to 20% in 2005.

Figure 1. Teen Birth Rates (Aged 15-19), 1950-2005



Source: Chart prepared by the Congressional Research Service (CRS), based on data from the National Center for Health Statistics, Department of Health and Human Services (HHS).

Age of Fathers. According to one study, about one in five births to unmarried, teenage girls is attributed to men at least five years older than the mother.[5] The information on fathers' age has fueled legislative action at the state and local level. Statutory rape laws are viewed by several states as a deterrent to teen pregnancy and birth — the premise being that older men will avoid sexual relations with an adolescent if criminal charges are likely to be brought. According to the 2002 National Survey of Family Growth, among unmarried men aged 25-29, 8% had a female partner in the past 12 months who was 7 or more years younger than himself.[6]

Financial and Social Costs of Teen Births. An October 2006 study by the National Campaign to Prevent Teen Pregnancy estimated that, in 2004, adolescent childbearing cost U.S. taxpayers about $9 billion per year: in child welfare benefits, $2.3 billion; in health care expenses, $1.9 billion; in spending on incarceration (for the sons of women who had children as adolescents), $2.1 billion; in lost tax revenue because of lower earnings of the mothers, fathers, and children (when they were adults), $6.3 billion; and in offsetting public assistance savings (younger teens receive less annually over a 15-year period than those who give birth at age 20-21), $3.6 billion. Research indicates that teens who give birth are less likely to complete high school and go on to college, thereby

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[5] "How Old Are U.S. Fathers?" by David J. Landry and Jacqueline D. Forrest, *Family Planning Perspectives*, vol. 27, no. 4, 1995.

[6] Centers for Disease Control and Prevention. Fertility, Contraception, and Fatherhood: Data on Men and Women from Cycle 6 (2002) of the National Survey of Family Growth, by Gladys M. Martinez, Anjani Chandra, Joyce C. Abma, Jo Jones, and William D. Mosher. National Center for Health Statistics, Series 23, No. 26. 2006.

reducing their potential for economic self-sufficiency. The research also indicates that the children of teens are more likely than children of older parents to experience problems in school and drop out of high school, and as adults are more likely to repeat the cycle of teenage pregnancy and poverty. The 2006 report contends that if the teen birth rate had not declined between 1991 and 2004, the annual costs associated with teen childbearing would have been almost $16 billion (instead of $9 billion).

Reasons for High Pregnancy and Birth Rates Among Teens

The high volume of pregnancies and birth rates among teenage and never-married women is often attributed to a more liberalized view of sex.[7] Some analysts also contend that contraceptive advancements have afforded women a false sense of security, thereby contributing to increased sexual activity and more pregnancies. The academic and professional communities also maintain that teen parenthood is one of the negative consequences of growing up without a father.[8] Moreover, policymakers suggest that, prior to reform, "welfare" was seen as a guaranteed source of income for unmarried teenage mothers with grim marriage and job prospects. The president of the Alan Guttmacher Institute, commenting on a study about adolescent pregnancy and childbearing in "developed" countries, stated: "In the United States, poverty and inequity clearly are behind much of our high rates of pregnancy, birth and abortion. But lack of sensitive, confidential, low-cost contraceptive services and the denial of accurate and frank information about sex, are equally to blame."[9]

Decline in Pregnancy/Birth Rates. Although the social and economic impacts of teen pregnancy and births to teens are of concern to many, the number of such pregnancies and births are declining. One reason given for the recent decline is that sexually active female teenagers have significantly increased their use of contraceptives, particularly condoms. The more effective and consistent use of contraception has been facilitated by long-lasting injectable (Depo Provera) and implanted (Norplant) devices that are readily available to female teens. Abstinence campaigns, aimed at younger teens, are also seen as having a positive effect on pregnancy prevention. Casual sex, which may increase the risk of sexually transmitted diseases (STDs) and may prove to be fatal given the presence of HIV/AIDS, is viewed in an increasingly negative light by many teenagers.

Federal Programs and Strategies to Reduce Teen Pregnancy

In recognition of the negative, long-term consequences of teen pregnancy and births, the prevention of teenage and out-of-wedlock childbearing is a major goal of this nation. Although the pregnancy rate, birth rate, and abortion rate for teens have all dropped in recent years, the teen birth rate is still far above that of most industrialized countries. The U.S. teen birth rate was two and twelve times, respectively, that of the United Kingdom

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[7] U.S. Congress, House Ways and Means, Subcommittee on Human Resources, Testimony of Dr. Isabel V. Sawhill on Nonmarital Births and Child Poverty in the United States, June 29, 1999.

[8] General Accounting Office, *Teen Pregnancy: State and Federal Efforts to Implement Prevention Programs and Measure Their Effectiveness*, GAO/HEHS-99-4, November 1998.

[9] Alan Guttmacher Institute, *United States and the Russian Federation Lead the Developed World in Teenage Pregnancy Rates*, News Release, Feb. 24, 2000, p. 2.

and Japan. Teen birth rates across industrialized countries ranged from a low of 4 births per 1,000 teen aged 15-19 in Japan (1997 data) to 56 per 1,000 in Armenia (1995 data). In 1995, the U.S. teen birth rate was 54.4 births per 1,000 teens aged 15-19; the comparable figure for 1997 was 52.3 births per 1,000.[10]

Reproductive Health and Family Planning Services — Title X of the Public Health Services Act. The National Family Planning Program, created in 1970 as Title X of the Public Health Services Act, is administered through the Office of Population Affairs/Office of Public Health and Science, Department of Health and Human Services (HHS). It provides grants to public and private non-profit agencies to provide voluntary family planning services for individuals who are otherwise ineligible for medical services. Family planning programs provide basic reproductive health services: contraceptive and infertility services, gynecological care, screening for breast and cervical cancers, STDs, reproductive health counseling/education and referrals.

The Adolescent Family Life (AFL) Program — Title XX of the Public Health Services Act. The AFL Program was created in 1981 to support demonstration projects that provide comprehensive and innovative health, education, and social services to pregnant and parenting adolescents, their infants, male partners, and their families. One third of the projects currently provide abstinence-focused educational services to prevent early, unintended pregnancies, sexually transmitted diseases and the spread of HIV/AIDS. The AFL program also seeks to prevent subsequent births among teens.

Maternal and Child Health (MCH) Block Grant — Title V of the Social Security Act. These funds support a variety of health services for women and children, including adolescent pregnancy prevention activities. Activities include adolescent pregnancy prevention programs; state adolescent health coordinators; state prenatal hotlines; family planning; technical assistance and other prevention services. Through the block grants, approximately 610 school-based and school-linked centers are supported.

Medicaid — Title XIX of the Social Security Act. Medicaid is a jointly funded federal-state health insurance program for certain low-income people. The federal government pays 90% of state expenditures for Medicaid family planning services. The enhanced match encourages states to fund family planning programs which provide patient counseling and education on pregnancy prevention and reproductive health.

Social Services Block Grant — Title XX of the Social Security Act. The Social Services Block Grant is a flexible source of federal funds that states may use to support a range of social services, which may include family planning services and pregnancy prevention and parenting programs.

Temporary Assistance for Needy Families (TANF) — Title IV-A of the Social Security Act. One of the four goals of the 1996 welfare reform law (P.L. 104-

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[10] "Adolescent Pregnancy and Childbearing: Levels and Trends in Developed Countries," by Susheela Singh and Jacqueline E. Darroch, *Family Planning Perspectives* [Alan Guttmacher Institute], vol. 3, no. 1, January/February 2000, pp. 14-23.

193) is to prevent and reduce out-of-wedlock pregnancies.[11] To receive assistance under TANF, unmarried minor parents are required to live at home or in an adult-supervised setting and to attend school if they lack a high school diploma. HHS also awarded a bonus of $20 million for each of the years FY1999-FY2006 to up to five states ($25 million if fewer than five states qualified) that showed the largest decrease in out-of-wedlock births, while simultaneously maintaining abortion rates at or lower than FY1995 levels. P.L. 109-171, the Deficit Reduction Act of 2005, eliminated this bonus.

Abstinence Education Grants. Also, pursuant to the 1996 welfare reform law, $250 million in federal funds was allocated for the abstinence-until-marriage program ($50 million per year for five years, FY1998-FY2002, funded through June 30, 2007, by various extensions). Funds must be requested by states when they solicit MCH block grant funds, and must be used exclusively for the teaching of abstinence (pursuant to P.L. 104-193) and may not be utilized in conjunction with, or for any other purpose. In 2006, every state except California, Connecticut, Maine, and New Mexico sponsored an abstinence education program. P.L. 106-246 appropriated an additional $20 million for abstinence education to HHS under the special projects of regional and national significance (SPRANS) program for FY2001 to bolster the abstinence-only message for adolescents aged 12 through 18. Various annual appropriations laws have provided funding for the SPRANS abstinence education program in the amount of $40 million for FY2002, $55 million for FY2003, $70.5 million for FY2004, $100 million for FY2005, and $109 million for FY2006 and FY2007 (the former SPRANS program is now called the Community-Based Abstinence Education program).

The National Strategy to Prevent Out-of-Wedlock Teen Pregnancies. In response to a call by President Clinton and Congress, HHS announced a teen pregnancy prevention strategy in January of 1997 called the National Strategy to Prevent Out-of-Wedlock Teen Pregnancies. The purpose of the National Strategy is to ensure that at least 25% of communities in the United States have pregnancy prevention programs. (Annual reports were published for 1997-1998, 1998-1999, and 1999-2000.) An alternative initiative, which also forms part of the Strategy, encourages states to create Second Chance Homes with TANF and other funding. These homes are expected to provide teen parents, who might be at risk of abuse if they stayed at home, with guidance in parenting, child development, budgeting, health and nutrition; these skills are seen as a way to prevent repeat pregnancies.

P.L. 104-193 contained some comprehensive child support enforcement measures. Because strict child support enforcement is thought to deter nonmarital childbearing, the child support provisions were seen by Congress as another method of attempting to reduce nonmarital pregnancies. Child support enforcement measures include streamlined efforts to name the father in every case; employer reporting of new hires (to locate noncustodial parents quicker); uniform interstate child support laws; computerized statewide collections to expedite payment; and stringent penalties, such as the revocation of a drivers' license in cases in which noncustodial parents owe past-due child support.

[11] Although the 1996 welfare reform law uses pregnancies as the policy variable, in practice, births have become the indicator because birth data are more current and reliable than pregnancy data.