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Teen Birth Trends: In Brief

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SUMMARY

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Teen Birth Trends: In Brief

The Centers for Disease Control and Prevention (CDC), the federal government's lead public health agency, has identified teen pregnancy as a major public health issue because of its high cost for families of teenage parents and society more broadly. The CDC highlights that the teen pregnancy rate has decreased steadily, dropping below CDC's target goal of 30.3 per 1,000 females aged 15 to 17 by 2015; however, the CDC also raises the concern that the United States has one of the highest rates of teen births of all industrialized countries.

This report discusses trends in teen birth rates—or the number of births per 1,000 females aged 15 to 19 each year—since the 1950s. The rate of teen births peaked in 1957 at 96.3. It then decreased in most years from the 1960s through the 1980s. From 1991 onward, the rate declined except in two years, 2006 and 2007. The greatest decline in teen birth rates has occurred in recent years. For example, from 2007 to 2020, the rate declined by approximately 63%. The 2020 teen birth rate of 15.4 was a historical low since CDC began collecting and reporting birth data in the 1940s.

In nearly each year from 1991 through the recent period, the teen birth rate decreased for all racial and ethnic groups; however, the rates declined more for certain groups than others. In 2020, non-Hispanic American Indian or Alaska Native (25.7), non-Hispanic Black (24.4), Hispanic (23.5), and non-Hispanic Native Hawaiian or Other Pacific Islander (22.6) teens had more than double the teen birth rate than non-Hispanic White (10.4) and more than nine times the rate of non-Hispanic Asian (2.3) teens. From 2016 to 2020, birth rates fell by 41% for non-Hispanic Asian teens, 27% for non-Hispanic White teens, 27% for non-Hispanic American Indian or Alaska Native teens, 26% for Hispanic teens, 21% for non-Hispanic Native Hawaiian or Other Pacific Islander teens, and 17% non-Hispanic Black teens.

Teen birth rates have varied considerably by state and territory. In 2020, the state with the lowest reported rate was Massachusetts (6.1); the state with the highest reported rate was Mississippi (27.9). Teen birth rates have declined in rural areas over time but remain relatively higher than rates in urban areas.

Research suggests that multiple trends have led to lower U.S. teen pregnancy and birth rates. From the 1990s through 2014, the risk of teen pregnancy decreased primarily because of improved contraceptive use, including an increase in the use of certain contraception methods (e.g., condoms), an increase in the use of multiple methods of contraception, and substantial declines in foregoing the use of contraception altogether. Some of the risk of pregnancy during this period decreased among younger teens because of decreased sexual activity. Broad economic and social variables may influence teen behaviors, such as whether they will abstain from sex or use contraceptives.

Teen pregnancy has high costs for teen parents, their children, and society more generally. Teenage mothers and fathers tend to have less education and are more likely to live in poverty than their peers who are not parents. Moreover, lower levels of education reduce teen parents' potential for economic self-sufficiency. Some analysis has looked at these societal impacts and the benefits of avoiding pregnancy during the teen years.

This report accompanies CRS Report R45183, *Teen Pregnancy: Federal Prevention Programs*, which discusses Congress's current approach of supporting programs that seek to prevent pregnancy among teens; and CRS In Focus IF10877, *Federal Teen Pregnancy Prevention Programs*, which includes summary information about the programs.

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Introduction

This report provides context for Congress about the U.S. teen birth rate—or the number of births per 1,000 females aged 15 to 19 each year—and its changes since the 1950s. Over this period, the teen birth rate has generally been in decline. This decline has been most significant in recent years, with the rate reaching a record low in 2020 (most recent year available). Multiple factors have likely contributed to the decrease, though the influence of any single factor is not fully known. Reduced teen sexual activity, particularly among younger adolescents, could be one explanation. Increases in use of contraceptives, including highly effective and multiple methods, among sexually active teens could be another. Other factors, such as broader social and economic trends, may also be at play.

Despite the decline in the teen birth rate, Congress continues to be interested in the issue of teen birth because of its high social and economic costs for both individual families and society more generally.[1] Further, disparities persist in teen birth rates among racial and ethnic subgroups and across states.

This report accompanies CRS Report R45183, *Teen Pregnancy: Federal Prevention Programs*, which discusses Congress's current approach of supporting programs that seek to prevent pregnancy among teens.

Teen Births in the United States

Data on births are distinct from data on pregnancies. The *teen birth rate* refers to the number of live births per 1,000 teen girls aged 15 through 19. The *teen pregnancy rate* includes the number of pregnancies per 1,000 teen girls aged 15 through 19, which encompasses *live births, abortions, and fetal losses*. Birth data account for nearly every birth in the United States, whereas pregnancy data are based on estimates of miscarriages and abortion numbers that draw on various reporting systems and surveys. The Centers for Disease Control and Prevention (CDC), the federal government's lead public health agency, reports birth data on an annual basis (most recently for 2020). The CDC and the Guttmacher Institute publish teen pregnancy rates. These rates may not be available for more recent years because of the time required to incorporate data from the various data sources.[2]

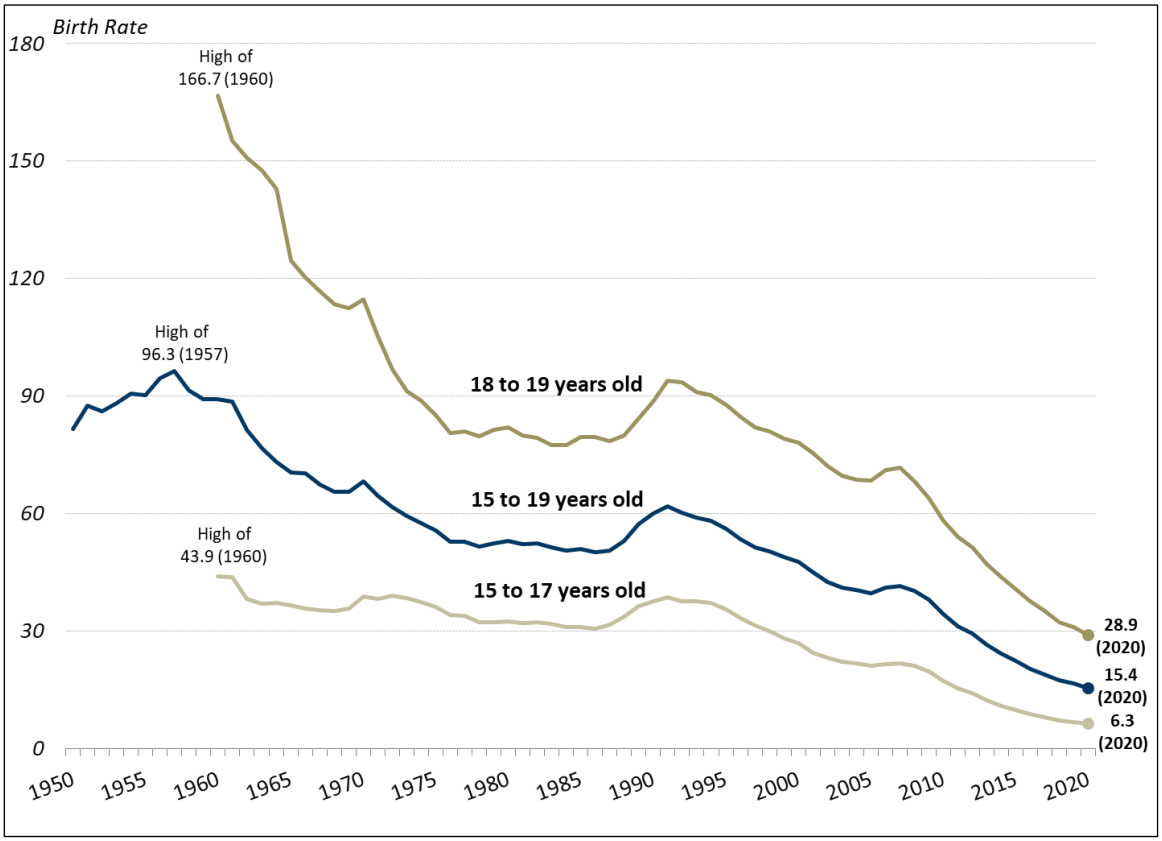
[1] Urban Institute, *Kids Having Kids: Costs and Social Consequences of Teen Pregnancy*, edited by Saul D. Hoffman and Rebecca A. Maynard, 2nd ed., 2008. (Hereinafter, Urban Institute, *Kids Having Kids: Costs and Social Consequences of Teen Pregnancy.*) See also, U.S. Department of Health and Human Services (HHS), CDC, *Winnable Battles Final Report 2010-2015*, https://www.cdc.gov/winnablebattles/index.html.

[2] Power to Decide (formerly The National Campaign to Prevent Teen and Unplanned Pregnancy), "National Data," https://powertodecide.org/what-we-do/information/national-state-data/national. The most recent pregnancy data were reported by the Guttmacher Institute, an organization that is committed to advancing sexual and reproductive health and rights in the United States; in 2017, an estimated 319,490 teens aged 15 to 19 became pregnant. Of these pregnancies, there were 78,390 legal abortions and 194,377 births. (Included in the total pregnancies are miscarriages, ectopic pregnancies, and still births, but a tabulation of these is not presented by this source.) In 2017, there were 14 pregnancies per 1,000 women aged 15–17 (down from a peak of 75 in 1989), and 57 pregnancies per 1,000 women aged 18–19 (down from a peak of 175 in 1991). Isaac Maddow-Zimet and Kathryn Kost, , *Pregnancies, Births and Abortions in the United States, 1973–2017: National and State Trends by Age*, Guttmacher Institute, 2021. See also, Sally C. Curtin et al., "Pregnancy Rates for U.S. Women Continue to Drop," HHS, CDC, National Center for Health Statistics (NCHS), no. 136, December 2013. This publication includes 2012 data.

This report focuses on the teen birth rate. The CDC tracks birth rates by age and other characteristics of birth mothers. In 2020, there were approximately 3.6 million births in the United States.[3] About 158,000 of these births (4.4%) were to teenagers aged 15 to 19.[4] **Figure 1** shows the U.S. teen birth rate from 1950 through 2020 (the rate excludes the territories).

Figure 1. Teen Birth Rates, 1950-2020

Birth rate is per 1,000 females aged 15 to 19, (15 to 17 and 18 to 19 subgroup data became available in 1960)



Source: Congressional Research Service (CRS), based on data from the U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), December 2016; and the following: 1950-1959 data is from Stephanie J. Ventura et al., "Births to Teenagers in the United States, 1940–2000," *National Vital Statistics Report*, vol. 49, no. 10, September 2001, https://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_10.pdf; 1960-2009 data is from Stephanie J. Ventura et al., "National and State Patterns of Teen Births in the United States, 1940–2013," *National Vital Statistics Report*, vol. 63, no. 4, August 2014, https://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_04.pdf; 2010-2020 data is from Michelle J.K. Osterman et al., "Births: Final Data for 2020," HHS, CDC, NCHS, *National Vital Statistics Report*, vol. 70, no. 17, February 2022, https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf.

[3] **Table A-1** includes birth rates for teens since 1950. Michelle J.K. Osterman et al., "Births: Final Data for 2020," HHS, CDC, NCHS, *National Vital Statistics Report*, vol. 70, no. 17, February 2022 (Hereinafter, Michelle J.K. Osterman et al., "Births: Final Data for 2020.")

[4] The CDC also tracks births for youth aged 10 to 14; however, their birth rate has been much lower than the rate of births for older teens, and is therefore not included in this analysis. The birth rate was 0.2 births per 1,000 youth aged 10 to 14 in 2020.

The rate ticked up in the baby boom era of the 1950s, peaking in 1957 at 96.3. It then decreased in most years from the 1960s through the 1980s.[5] From 1991 onward, the teen birth rate declined except in two years, 2006 and 2007. The rate dropped by 75% from 1991 (61.8) to 2020 (15.4). In other words, about 6% of teens aged 15 to 19 gave birth in 1991 compared to less than 2% in 2020.

The greatest decline in the teen birth rate occurred in recent years. For example, from 2007 to 2020, the rate declined by about 63%. The 2020 teen birth rate of 15.4 was a historical low since CDC began collecting and reporting birth data in the 1940s. The CDC began tracking subgroup data for teens in 1960, when the teen birth rate was highest for both teens aged 15 to 17 (43.9 per 1,000) and teens aged 18 to 19 (166.7 per 1,000). **Figure 1** indicates that the birth rate was higher in each year for the older teens compared to the younger teens. The 2020 birth rates for 15- to 17-year-olds (6.3 per 1,000) and 18- to 19-year-olds (28.9 per 1,000) were the lowest on record.

Repeat teen births have also declined over time. CDC found the number of subsequent teen births among teens aged 15 to 19 declined nationally by nearly 54% from 2004 to 2015 (the most recent CDC time series analysis available).[6] In 2020, the repeat teen birth rate (calculated as the sum of teen birth rates for second and higher order births) was 2.2. The prevalence of repeat births was highest among non-Hispanic American Indian or Alaska Native teens (repeat teen birth rate of 4.2), followed by non-Hispanic Black (3.9) and Hispanic (3.5) teens.[7] Teen mothers have also been less likely to be married than in previous years. In 2020, the birth rate for unmarried teens aged 15 to 19 was 14.4 per 1,000. This is compared to 31.1 per 1,000 in 2010.[8]

Despite the overall decline in the teen birth rate, the rates for certain racial and ethnic groups remain relatively high. Teen birth rates in 2020 varied based on race and ethnicity, with four groups—non-Hispanic American Indian or Alaska Native (25.7), non-Hispanic Black (24.4), Hispanic (23.5), and non-Hispanic Native Hawaiian or Other Pacific Islander (22.6) teens—having more than double the teen birth rate for non-Hispanic White (10.4) and more than nine times the rate for non-Hispanic Asian (2.3) teens.[9]

Figure 2 shows the teen birth rate by race and Hispanic origin over 2016, 2018, and 2020. From 2016 to 2020, the teen birth rate decreased for all racial and ethnic groups; however, the rates declined more for certain groups compared to others.[10] From 2016 to 2020, birth rates fell by 41% for non-Hispanic Asian teens, 27% for non-Hispanic White teens, 27% for non-Hispanic American Indian or Alaska Native teens, 26% for Hispanic teens, 21% for non-Hispanic Native Hawaiian or Other Pacific Islander teens, and 17% for non-Hispanic Black teens.

[5] The baby boom era refers to individuals born in the U.S. between mid-1946 and mid-1964. Sandra L. Colby and Jennifer M. Ortman, "The Baby Boom Cohort in the United States: 2012 to 2016, Population Estimates and Projections," *Current Population Reports,* CDC, May 2014.

[6] Deborah L. Dee et al., "Trends in Repeat Birth and Use of Postpartum Contraception Among Teens – United States, 2004 – 2015," *Morbidity and Mortality Weekly Report,* April 28, 2017, vol., 66, no. 16. See Supplementary Table 1 for information about changes in repeat births among teens aged 15 to 19 within each of the 50 states and the District of Columbia.

[7] Michelle J.K. Osterman et al., "Births: Final Data for 2020," Table 5.

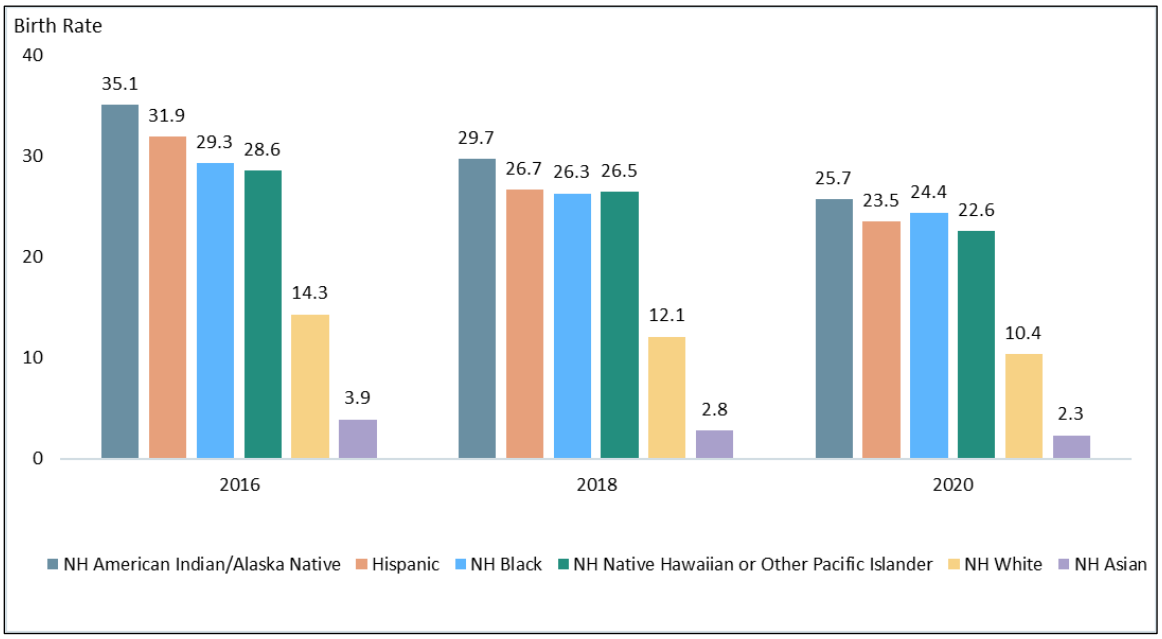
[8] Michelle J.K. Osterman et al., "Births: Final Data for 2020," Table 10.

[9] Michelle J.K. Osterman et al., "Births: Final Data for 2020," Table 2.

[10] Ibid.

Figure 2. Teen Birth Rates by Race and Hispanic Origin, 2016-2020

Birth rate is per 1,000 females aged 15 to 19 for each racial/ethnic group



Source: Michelle J.K. Osterman et al., "Births: Final Data for 2020," HHS, CDC, NCHS, *National Vital Statistics Report*, vol. 70, no. 17, February 2022, https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf.

Notes: NH = "Non-Hispanic."

In 2020, the birth rate for teens aged 15 to 19 varied considerably by state and territory. The state with the lowest reported rate was Massachusetts (6.1); the state with the highest reported rate was Mississippi (27.9).

Figure 3 shows a map with 2020 teen birth rates in four data categories for the 50 states, the District of Columbia, and four of the territories. Twenty-six states had rates of less than 15 per 1,000 teens aged 15 to 19.[11] Four states had the highest teen birth rates (25 or higher): Mississippi, Arkansas, Louisiana, and Oklahoma. The rates for the territories ranged from 15.1 in the U.S. Virgin Islands to 33.0 in Guam.[12] From 2007 (when the birth rate last ticked up) to 2020, the teen birth rate decreased in each state or territory by between 45% and 73%.[13]

Teen birth rates have also declined in rural areas over time but remain relatively higher than rates in urban areas.[14]

[11] Michelle J.K. Osterman et al., "Births: Final Data for 2020," Table 8, HHS, CDC, NCHS, National Vital Statistics Report, vol. 70, no. 17, February 7, 2022, https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf.

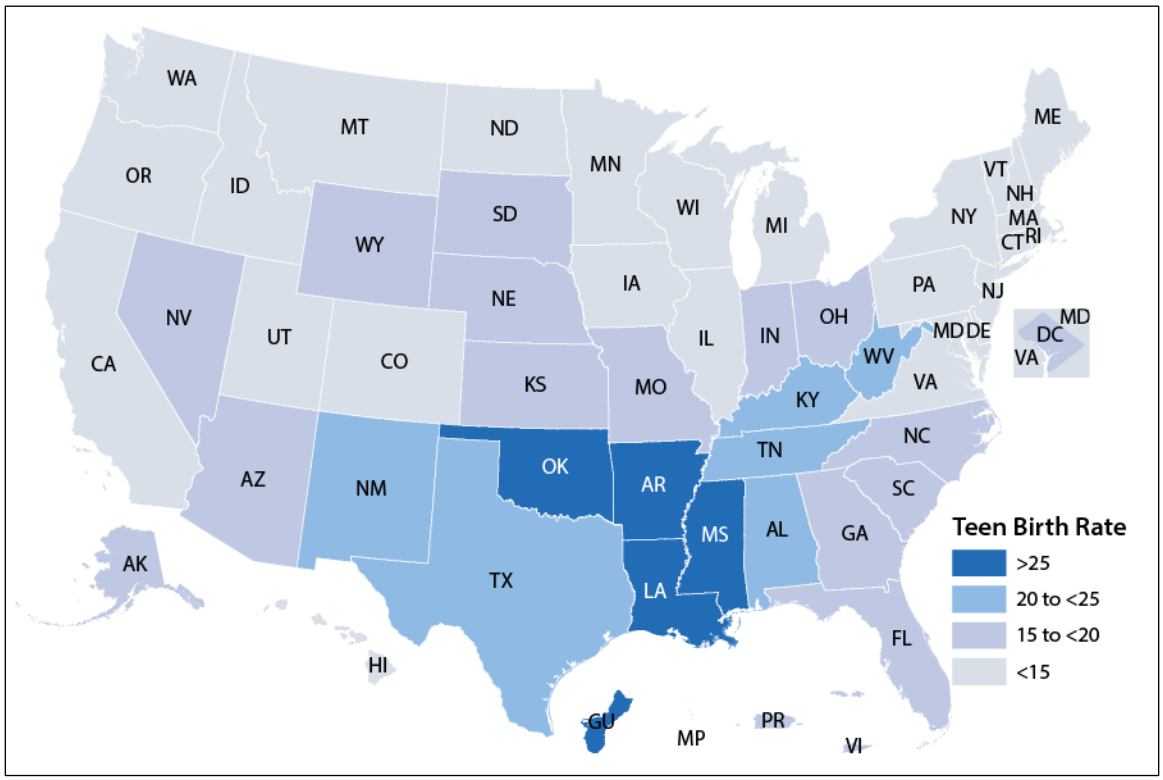
[12] Michelle J.K. Osterman et al., "Births: Final Data for 2020," Table 8. 2020 data are not reported for American Samoa (2017 teen birth rate of 38.4), Joyce A. Martin et al., "Births: Final Data for 2017," HHS, CDC, NCHS, *National Vital Statistics Report*, vol. 67, no. 8, November 7, 2018.

[13] This is based on a Congressional Research Service analysis comparing data from 2007 to 2020.

[14] Brady E. Hamilton, Lauren M. Roseen, and Amy M. Branum, "Teen Birth Rates for Urban and Rural Areas in the United States, 2007-2015," HHS, CDC, NCHS, *NCHS Data Brief*, no. 264, November 2016; and April Sutton, Daniel T. Lichter, and Sharon Sassler, "Rural–Urban Disparities in Pregnancy Intentions, Births, and Abortions Among US Adolescent and Young Women, 1995–2017," *American Journal of Public Health*, 109(12), December 2019, pp. 1762-1769.

Figure 3. Teen Birth Rates by State and Territory, 2020

Birth rate is per 1,000 females aged 15 to 19



Source: Table prepared by the Congressional Research Service based on Michelle J.K. Osterman et al., "Births: Final Data for 2020," Table 8, HHS, CDC, NCHS, National Vital Statistics Report, vol. 70, no. 17, February 7, 2022, https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf.

Notes: The national rate of teen births was 15.4 in 2020 (this rate does not include the territories). Data were not available for American Samoa (2017 teen birth rate of 38.4).

While the U.S. teen birth rate has decreased over time, it has been higher than that of most other industrialized countries.[15] For comparison, the U.S. teen birth rate of 18.8 was about 50% higher than the rate of the United Kingdom, 12.6, in 2017 (based on the most recent international data available that includes the U.S. teen birthrate).[16] The reasons for the high teen birth rate in the United States relative to other industrial countries have not been fully explored. Economic conditions and income inequality within and between countries may play a role.[17] Further, the

[15] Guttmacher Institute, "Teen Pregnancy Rates Declined in Many Countries between the Mid-1990s and 2011—United States Lags Behind Many Other Developed Nations," press release, January 23, 2015. See also Table 10 in United Nations, *Demographic Yearbook*, 71st Ed., 2020.

[16] United Nations, Statistics Division, "Demographic Yearbook 2020," https://unstats.un.org/unsd/demographic-social/products/dyb/dyb_2020/. (See Table 10, "Live births by age of mother and sex of child, general and age-specific fertility rates: latest available year, 2011 – 2020.") See also, Gilda Sedgh et al., "Adolescent Pregnancy, Birth, and Abortion Rates Across Countries: Levels and Trends," *Journal of Adolescent Health*, vol. 56, no. 2 (February 2015), p. 228. (Hereinafter, Gilda Sedgh et al., "Adolescent Pregnancy, Birth, and Abortion Rates Across Countries: Levels and Trends.")

[17] John S. Santelli, Vinit Sharma, and Russell Viner, "Inequality, National Wealth, Economic Development and Global Trends in Teenage Birth Rates, 1990-2010," *Journal of Adolescent Health*, vol. 52, no. 1 (February 2013); and Melissa S. Kearney and Phillip B. Levine, "Why Is the Teen Birth Rate in the United States So High and Why Does It Matter?" *Journal of Economic Perspectives*, Spring: 26(2), 2012, pp. 141-166. (Hereinafter, Melissa S. Kearney and Phillip B.

research literature, which is somewhat limited, indicates that use of contraceptives among teens appears to be greater in other developed countries compared to the United States.[18]

Factors Likely Contributing to the Declining Risk of Teen Pregnancy

Researchers suggest that multiple factors have contributed to the decline in U.S. teen pregnancy and teen birth rates over the 1990s and continuing through 2013.[19] Over this period, some of the risk of pregnancy decreased among younger teens (those ages 15 to 17) because of decreased sexual activity.[20] Another factor for more recent declines in the risk of teen pregnancy has been improved contraceptive use, including an increase in the use of certain contraception methods (e.g., condoms), an increase in the use of multiple methods of contraception, and substantial declines in foregoing contraception.[21] From 2007 through 2019, teens increased their contraceptive use, including the use of any method, the use of long-acting reversible contraceptives (LARCs; e.g., intrauterine devices, or IUDs, and birth control implants), and the use of the withdrawal method along with another method.[22]

Broad economic and social variables may influence teen behaviors, such as whether they will abstain from sex or use contraceptives.[23] Behavioral changes may have been driven by a

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Levine, "Why Is the Teen Birth Rate in the United States So High and Why Does It Matter?"); and John S. Santelli et al., "Global Trends in Adolescent Fertility, 1990–2012, in Relation to National Wealth, Income Inequalities, and Educational Expenditures," *Journal of Adolescent Health*, vol. 60, no. 2 (February 2017), pp. 161-168.

[18] Melissa S. Kearney and Phillip B. Levine, "Why Is the Teen Birth Rate in the United States So High and Why Does It Matter?" See also, Gilda Sedgh et al., "Adolescent Pregnancy, Birth, and Abortion Rates Across Countries: Levels and Trends;" Rachel H. Scott, Kaye Willings, and Laura Lindberg, "Adolescent Sexual Activity, Contraceptive Use, and Pregnancy in Britain and the U.S.: A Multidecade Comparison," *Journal of Adolescent Health*, vol. 66, no. 5 (May 2020), pp. 582-588.

[19] Heather D. Boonstra, "What is Behind the Declines in Teen Pregnancy Rates?" *Guttmacher Policy Review*, vol. 17, issue 3, September 3, 2014, https://www.guttmacher.org/gpr/2014/09/what-behind-declines-teen-pregnancy-rates; and HHS, Office of the Assistant Secretary for Health, Office of Population Affairs, "Trends in Teen Pregnancy and Childbearing," https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy/trends-teen-pregnancy-and-childbearing.

[20] John S. Santelli et al., "Explaining Recent Declines in Adolescent Pregnancy in the United States: the Contribution of Abstinence and Improve Contraceptive Use," *American Journal of Public Health*, vol., 97, no. 5, 2007; and HHS, Office on Women's Health, "Decrease in Teen Pregnancy," December 17, 2020, https://www.womenshealth.gov/30-achievements/09.

[21] The risk of pregnancy is an index that calculates factors such as sexual activity, contraceptive use, and efficacy and failure of specific contraceptives. Jacqueline E. Darroch and Susheela Singh, *Why Is Teenage Pregnancy Declining? The Roles of Abstinence, Sexual Activity and Contraceptive Use*, The Guttmacher Institute, Occasional Report, 1999; John S. Santelli et al., "Can Changes in Sexual Behaviors Among High School Students Explain the Decline in Teen Pregnancy Rates in the 1990s?," *Society for Adolescent Medicine*, vol. 35, no. 2 (August 2004); and John S. Santelli et al., "Explaining Recent Declines in Adolescent Pregnancy in the United States: the Contribution of Abstinence and Improve Contraceptive Use," *American Journal of Public Health*, vol., 97, no. 5, 2007

[22] Ibid. See also, Heather D. Boonstra, "What Is Behind the Declines in Teen Pregnancy Rates?" *Guttmacher Policy Review*, vol. 17, no. 3, September 3, 2014. (Hereinafter, Heather D. Boonstra, "What Is Behind the Declines in Teen Pregnancy Rates?") For more recent data, from 2019, see Leigh E. Szucs et al., "Condom and Contraceptive Use Among Sexually Active High School Students—Youth Risk Behavior Survey, United States, 2019," HHS, CDC, *Morbidity and Mortality Weekly Report Supplements*, vol 69, no. 1 (August 2020), pp. 11-18.

[23] Heather D. Boonstra, "What Is Behind the Declines in Teen Pregnancy Rates?" and Melissa S. Kearney and Phillip B. Levine, "Investigating Recent Trends in the U.S. Teen Birth Rate." Melissa S. Kearney and Phillip B. Levine, "Investigating Recent Trends in the U.S. Teen Birth Rate," *Journal of Health Economics*, vol., 41, 2015. See also, Sarah Kliff, "The Mystery of the Falling Teen Birth Rate," *Vox*, January 21, 2015. (Hereinafter, Sarah Kliff, "The

confluence of factors, such as expanded educational and labor market opportunities for women and improvements in contraceptive technology.[24] Some observers theorize that the long-term downward trend in teen birth rates is attributable to the recession that began in 2007. They contend that during economic downturns the decrease in teen births—like the decrease in overall births—is partly due to teenagers being more careful as they witness the economic difficulties faced by their families.[25] Despite this rationale, the teen birth rate continued to diminish after the recession (as well as during periods of economic expansion in the 1990s).[26]

Some observers contend that teen pregnancy prevention programs, such as those supported with federal funding, could potentially play a role in the declining birth rate for teenagers.[27] However, the extent to which these programs have caused a decline in the teen birth rate is not fully known.[28]

Financial and Social Costs of Teen Births

Teen pregnancy has high costs for the families of teen parents and society more generally.[29] Teenage mothers and fathers tend to have less education and are more likely to live in poverty than their peers who are not teen parents. For example, approximately 90% of women who do not give birth during adolescence graduate from high school, whereas about 50% of teen mothers receive a high school diploma by 22 years of age.[30] In addition, according to the HHS Office of Population Affairs, adolescents who have children before turning 20 (compared to older parents) are

- more likely to need public assistance;
- more likely to have low income as adults, and as a result; and
- more likely to have children who face challenges like poorer educational, behavioral, and health outcomes.[31]

Lower levels of education reduce teen parents' potential for economic self-sufficiency. At the same time, being impoverished and having less education can also increase the likelihood of teens becoming pregnant in the first place.[32] These poorer outcomes may be explained in part by underlying differences between those who give birth as teens and those who delay childbearing: teen mothers often come from more disadvantaged backgrounds (e.g., family more likely to receive public welfare benefits, parents have lower levels of education) than their counterparts

Mystery of the Falling Teen Birth Rate.")

[24] Melissa S. Kearney and Phillip B. Levine, "Investigating Recent Trends in the U.S. Teen Birth Rate," *Journal of Health Economics,* vol., 41, 2015.

[25] Sarah Kliff, "The Mystery of the Falling Teen Birth Rate."

[26] Melissa S. Kearney, Phillip B. Levine, and Luke Pardue, "The Puzzle of Falling U.S. Birth Rates since the Great Recession," *Journal of Economic Perspectives,* vol. 36, no. 1 (Winter 2022), pp. 151-176.

[27] See CRS Report R45183, *Teen Pregnancy: Federal Prevention Programs* for further information about current programs that are federally funded.

[28] Sarah Kliff, "The Mystery of the Falling Teen Birth Rate" and Heather D. Boonstra, "What Is Behind the Declines in Teen Pregnancy Rates?"

[29] HHS, CDC, *Winnable Battles Final Report*.

[30] HHS, CDC, "About Teen Pregnancy," November 15, 2021, https://www.cdc.gov/teenpregnancy/about/index.htm.

[31] HHS, OPA, OASH, "About Teen Pregnancy and Childbearing," https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy/about-teen-pregnancy-and-childbearing.

[32] Urban Institute, *Kids Having Kids: Costs and Social Consequences of Teen Pregnancy*.

who have children at a later age.[33] In addition, teen sexual activity even among those who do not become pregnant can increase the risk of sexually transmitted infections (STIs), which can led to long-term health issues. Adolescents aged 15 to 19 have certain STIs at a rate that is among the highest of sexually active individuals.[34]

Further, teen childbearing can also affect the offspring of teen parents. Children of teenage mothers have poorer outcomes than children of mothers who give birth in their early 20s or later. They are generally more likely to (1) have chronic medical conditions, (2) use public health care, (3) have lower school readiness scores, (4) do poorly in school, (5) give birth during their teen years (females), and (6) be incarcerated (males).[35] In addition to the consequences for teens and their families, teen childbearing has societal impacts.

One study examined these societal impacts, specifically estimating the cost savings to public programs that were associated with avoiding unintended pregnancies during the teen years. The Power to Decide[36] did a simulation analysis to estimate the number of births to teenagers that had been averted due to the decrease in teen fertility rates from 1991 to 2015. The analysis then estimated total savings of $4.4 billion for this period, taking into consideration the cost savings to Medicaid that would have been associated with labor and delivery, postpartum care for the mother, and infant care; and receipt of Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits. Additional research of decreased or delayed teenage pregnancy and childbearing could help to inform the impacts for teen parents, their children, and society more generally.[37]

[33] Melissa S. Kearney and Phillip B. Levine, "Why Is the Teen Birth Rate in the United States So High and Why Does It Matter?"; and Urban Institute, *Kids Having Kids: Costs and Social Consequences of Teen Pregnancy*.

[34] HHS, CDC, *Sexually Transmitted Disease Surveillance 2016*, September 2017.

[35] Emily Holcombe, Kristen Peterson, and Jennifer Manlove, *Ten Reasons to Still Keep the Focus on Teen Childbearing*, Child Trends, March 2009; Urban Institute, *Kids Having Kids: Costs and Social Consequences of Teen Pregnancy*; and Stefanie Mollborn, "Teenage Mothers Today: What we Know and How it Matters," *Child Development Perspectives*, vol. 11, no. 1 (March 2017), pp. 63-69. See also Anna Aizer, Paul Devereux, and Kjell Salvanes, "Grandparents, Moms, or Dads? Why children of teen mothers do worse in life," *Journal of Human Resources* (November 2020), pp. 1019-1052.

[36] The Power to Decide is a Washington, DC-based organization that promotes that all young people have access to the sexual health information, reproductive health services, and sense of possibility that they need to decide if, when, and under what circumstances to get pregnant and have a child. The Power to Decide, *Progress Pays Off Savings Fact Sheet*, https://powertodecide.org/sites/default/files/media/savings-fact-sheet-national.pdf.

[37] Kelleen Kaye and Alison Ng, *Estimating the State and National Savings Associated with Declines in Teen Childbearing*, Power to Decide, January 2018. The decrease in teen births is based on the additional number of teen births estimated to have occurred in 2015 if the teen birth rate remained the same as in 1991.

Appendix. Additional Data on Teen Pregnancy

Table A-1. Teen Birth Rates, 1950-2020

Birth rate is per 1,000 females aged 15 to 19

Year	Birth Rate	Year	Birth Rate	Year	Birth Rate
1950	81.6	1974	57.5	1998	50.3
1951	87.6	1975	55.6	1999	48.8
1952	86.1	1976	52.8	2000	47.7
1953	88.2	1977	52.8	2001	45.0
1954	90.6	1978	51.5	2002	42.6
1955	90.3	1979	52.3	2003	41.1
1956	94.6	1980	53.0	2004	40.5
1957	96.3	1981	52.2	2005	39.7
1958	91.4	1982	52.4	2006	41.1
1959	89.1	1983	51.4	2007	41.5
1960	89.1	1984	50.6	2008	40.2
1961	88.6	1985	51.0	2009	37.9
1962	81.4	1986	50.2	2010	34.2
1963	76.7	1987	50.6	2011	31.3
1964	73.1	1988	53.0	2012	29.4
1965	70.5	1989	57.3	2013	26.5
1966	70.3	1990	59.9	2014	24.2
1967	67.5	1991	61.8	2015	22.3
1968	65.6	1992	60.3	2016	20.3
1969	65.5	1993	59.0	2017	18.8
1970	68.3	1994	58.2	2018	17.4
1971	64.5	1995	56.0	2019	16.7
1972	61.7	1996	53.5	2020	15.4
1973	59.3	1997	51.3		

Source: Table prepared by the Congressional Research Service based on data from the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

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