

## ***II: Looking at the Facts***

### ***Statistics Including Socioeconomic and Ethnic Disparities***



#### ***About Teen Pregnancy***

<http://www.cdc.gov/teenpregnancy/about/index.htm>

##### **On this Page**

- Disparities in Teen Birth Rates
- The Importance of Prevention
- CDC Priority: Reducing Teen Pregnancy and Promoting Health Equity Among Youth
- Resources

#### **Teen Pregnancy in the United States**

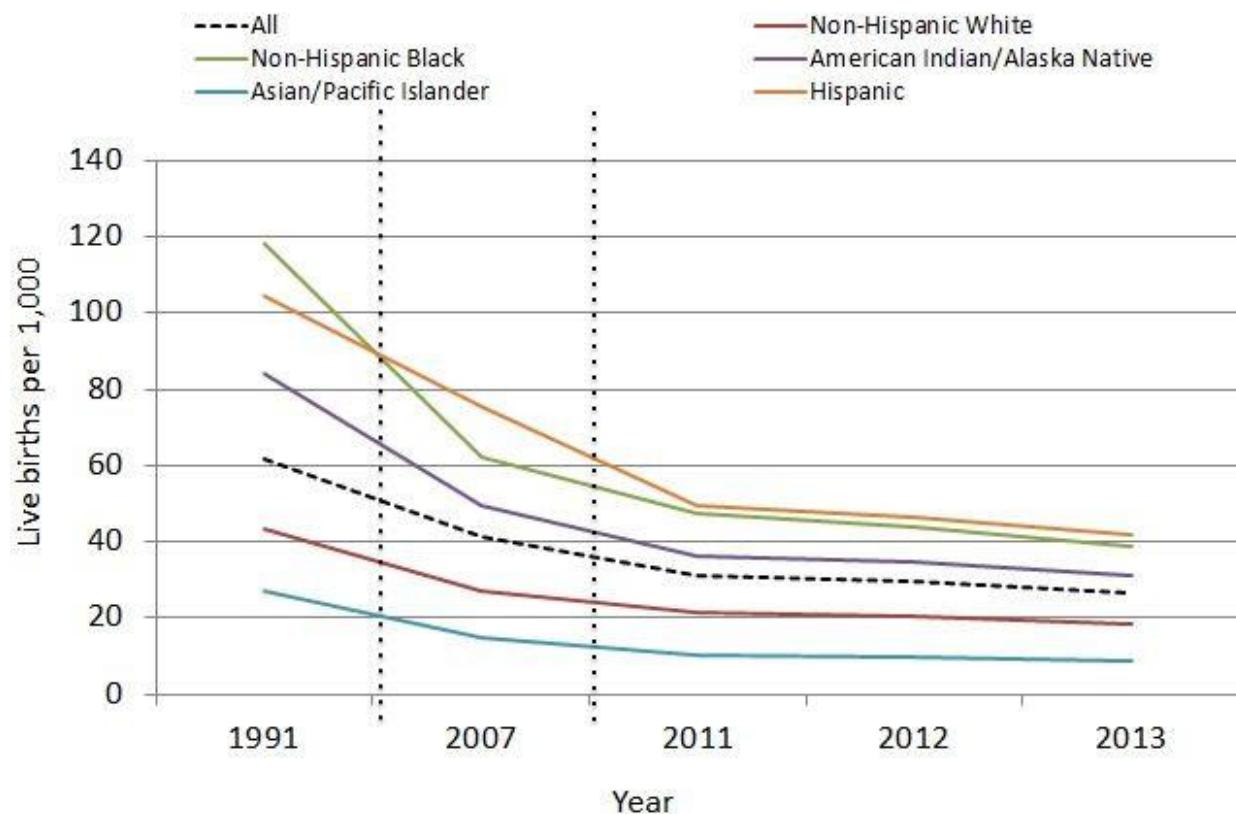
In 2013, a total of 273,105 babies were born to women aged 15–19 years, for a live birth rate of 26.5 per 1,000 women in this age group.<sup>1</sup> ([http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm#\\_edn1](http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm#_edn1)) This is a record low for U.S. teens in this age group, and a drop of 10% from 2012. Birth rates fell 13% for women aged 15–17 years, and 8% for women aged 18–19 years. Still, the U.S. teen pregnancy rate is substantially higher than in other western industrialized nations.<sup>2</sup>



While reasons for the declines are not clear, teens seem to be less sexually active, and sexually active teens seem to be using birth control than in previous years.<sup>3</sup>

[Birth Rates \(Live Births\) per 1,000 Females Aged 15–19 Years, by Race and Hispanic Ethnicity, Select Years](#)

Birth Rates (Live Births) per 1,000 Females Aged 15–19 Years, by Race and Hispanic Ethnicity, Select Years



[Text version of](#)

[this graph](#)

**Sources:**

Source: Martin, JA, Hamilton BE, Osterman MJK, Curtin SC, Mathews TJ. Births: Final data for 2013. Natl Vital Stat Rep. 2015;64(1).

**Disparities in Teen Birth Rates**

Teen birth rates declined for all races and for Hispanics in 2013 from 2012. Among 15–19 year olds, from 2012–2013 teen birth rates decreased 9% for non-Hispanic whites, 11% for non-Hispanic blacks and American Indian/Alaska Natives (AI/AN), and 10% for Asian/Pacific Islanders and Hispanics.<sup>1</sup> Despite these declines, substantial disparities persist in teen birth rates, and teen pregnancy and childbearing continue to carry significant social and economic costs. In 2013, non-Hispanic black and Hispanic teen birth rates were still more than two times higher than the rate for non-Hispanic white teens, and American Indian/Alaska Native teen birth rates remained more than one and a half times higher than the white teen birth rate.

41

Non-Hispanic black youth, Hispanic/Latino youth, American Indian/Alaska Native youth, and socioeconomically disadvantaged youth of any race or ethnicity experience the highest rates of teen pregnancy and childbirth. Together, black and Hispanic teens comprised 57% of U.S. teen births in 2013.<sup>1</sup> CDC is focusing on these priority populations because of the need for greater public health efforts to improve the life opportunities of adolescents facing significant health disparities, as well as to have the greatest impact on overall U.S. teen birth rates. Other priority populations for CDC's teen pregnancy prevention efforts include young people in foster care and the juvenile justice system, and those otherwise living in conditions of risk.

## The Importance of Prevention

Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children.



- In 2010, teen pregnancy and childbirth accounted for at least \$9.4 billion in costs to U.S. taxpayers for increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers.<sup>4</sup>
- Pregnancy and birth are significant contributors to high school drop out rates among girls. Only about 50% of teen mothers receive a high school diploma by 22 years of age, versus approximately 90% of women who had not given birth during adolescence.<sup>5</sup>
- The children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.<sup>6</sup>

These effects remain for the teen mother and her child even after adjusting for those factors that increased the teenager's risk for pregnancy, such as growing up in poverty, having parents with low levels of education, growing up in a single-parent family, and having poor performance in school.<sup>6</sup>

### CDC Priority: Reducing Teen Pregnancy and Promoting Health Equity Among Youth

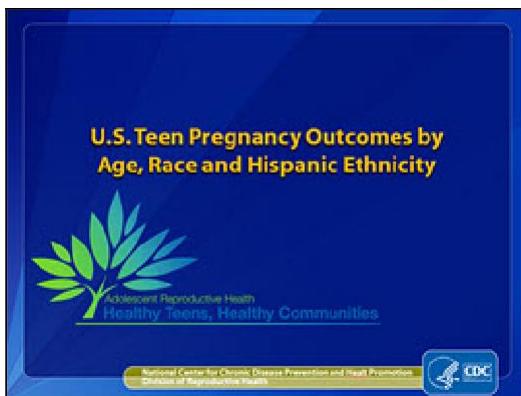
Teen pregnancy prevention is one of CDC's top six priorities, a "winnable battle" in public health, and of paramount importance to health and quality of life for our youth. Evidence-based teen pregnancy prevention programs typically address specific protective factors on the basis of knowledge, skills, beliefs, or attitudes related to teen pregnancy.

1. Knowledge of sexual issues, HIV, other STDs, and pregnancy (including methods of prevention).
2. Perception of HIV risk.
3. Personal values about sex and abstinence.
4. Attitudes toward condoms (pro and con).
5. Perception of peer norms and sexual behavior.
6. Individual ability to refuse sex and to use condoms.
7. Intent to abstain from sex or limit number of partners.<sup>42</sup>
8. Communication with parents or other adults about sex, condoms, and contraception.
9. Individual ability to avoid HIV/STD risk and risk behaviors.
10. Avoidance of places and situations that might lead to sex.
11. Intent to use a condom.<sup>7</sup>

In addition to evidence-based prevention programs, teens need access to youth-friendly clinical services. Parents and other trusted adults also play an important role in helping teens make healthy choices about relationships, sex, and birth control. Learn about what CDC and other federal agencies are doing to reduce teen pregnancy.

### Citations

1. Martin, JA, Hamilton BE, Osterman MJK, Curtin SC, Mathews TJ. Births: Final data for 2013. *Natl Vital Stat Rep.* 2015;64(1).
2. Sedgh G, Finer LB, Bankole A, Eilers MA, Singh S. Adolescent pregnancy, birth, and abortion rates across countries: levels and recent trends. *J Adolesc Health.* 2015;56(2):223-30.
3. Santelli J, Lindberg L, Finer L, Singh S. Explaining recent declines in adolescent pregnancy in the United States: the contribution of abstinence and improved contraceptive use. *American Journal of Public Health.* 2007;97(1):150-6.
4. National Campaign to Prevent Teen and Unplanned Pregnancy, **Counting It Up: The Public Costs of Teen Childbearing 2013** (<http://thenationalcampaign.org/why-it-matters/public-cost>). Accessed May 21, 2014.
5. Perper K, Peterson K, Manlove J. *Diploma Attainment Among Teen Mothers.* *Child Trends, Fact Sheet Publication #2010-01:* Washington, DC:Child Trends; 2010.
6. Hoffman SD. *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy.* Washington, DC: The Urban Institute Press; 2008.
7. Kirby D, Laris BA, Roller L. *The Impact of Sex and HIV Education Programs in Schools and Communities on Sexual Behaviors Among Young Adults.* Scotts Valley, CA: ETR Associates; 2006.



[Download U.S. Teen Pregnancy Outcomes by Age, Race and Hispanic Ethnicity](#)

[PDF - 561KB]

#### File Formats Help:

How do I view different file formats (PDF, DOC, PPT, MPEG) on this site?

(<http://www.cdc.gov/Other/plugins/>)

(<http://www.cdc.gov/Other/plugins/#pdf>)