Preventing Teen Pregnancy in the US

More than 400,000 teen girls, aged 15-19 years, give birth each year in the US. The media often glamorize teens having sexual intercourse and teen parenting, but the reality is starkly different. Having a child during the teen years carries high costs—emotional, physical, and financial—to the mother, father, child, and community. Parents, educators, public health and medical professionals, and community organizations all have a role to play in reducing teen pregnancy. During the past 20 years, the rate of teen girls having children has dropped by about 40% to its lowest level since records began being kept 70 years ago. Despite this good news, there is still much work to do, because teen pregnancy has such a huge impact on the future of America’s children.

Learn what you can do to reduce teen pregnancies.

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Want to learn more? Visit

http://www.cdc.gov/vitalsigns
Breaking the cycle of teen pregnancy

1. Preventing teen pregnancy is a priority because of the huge economic, social, and health costs on teen parents and their families.

   ◇ Teen birth rates in the US are unacceptably high. About 4% of all teenage girls give birth each year. Teen births represent 10% of the 4 million births each year.

   ◇ Teen birth rates in the US are up to 9 times higher than in most other developed countries.

   ◇ Hispanic and black teen girls are about 2-3 times more likely to give birth than white teen girls. Use of birth control is lower among sexually active black and Hispanic high school students than white students.

   ◇ Girls born to teen parents are almost 33% more likely to become teen parents themselves, continuing the cycle of teen pregnancy.

   ◇ About 50% of teen mothers get a high school diploma by age 22, compared with 90% of teen girls who do not give birth.

   ◇ Teen childbearing costs US taxpayers about $9 billion each year.

2. Prevention efforts work by teaching teens how and why to delay starting sex and steps that they need to take if they become sexually active. Key components include sex education that has been shown to work, support for parent-teen communication about preventing pregnancy, and ready access to sexual and reproductive health services. Sexually active teens should have access to effective and affordable birth control.

Among high school students:

◇ Nearly half have had sexual intercourse (about 46% for both girls and boys), compared to 54% in 1991.

◇ About 12% of sexually active boys and girls did not use birth control the last time they had sex, compared to 16% in 1991.

◇ About 9% of sexually active teens used two methods (such as a condom with birth control pills or Depo-Provera, an injectable birth control) to avoid pregnancy, HIV/AIDS and other sexually transmitted diseases, compared to 5% in 1999.

Among all teens:

◇ About 65% of girls and 53% of boys received formal sex education about both abstinence and birth control.

◇ About 44% of girls and 27% of boys had spoken with their parents about both abstinence and birth control.

Teen Births

Teen birth rates internationally, per 1,000 girls aged 15-19 years, 2008 and 2009

Teen birth rates in the US are higher than in some other developed countries.

<table>
<thead>
<tr>
<th>Country</th>
<th>Teen Birth Rate (2008/2009)</th>
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<tbody>
<tr>
<td>Bulgaria</td>
<td>43</td>
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<tr>
<td>United States</td>
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<td>Netherlands</td>
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<td>Switzerland</td>
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</tbody>
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Teen birth rates by state per 1,000 girls aged 15-19 years, 2009

Teen birth rates were lowest in the Northeast and upper Midwest and highest across the southern states.

SOURCE: National Center for Health Statistics; 2009.
What Can Be Done

The US government is

◊ Expanding prevention resources through the President’s Teen Pregnancy Initiative, which involves the Office of Adolescent Health, Administration for Children and Families, Office of Population Affairs, CDC and many other DHHS agencies.

◊ Working to reach the Healthy People 2020 national objectives to reduce unintended teen pregnancy and improve adolescent health.

◊ Recommending programs that reach teens that have been demonstrated to work, help parents communicate with their teens, and improve sexual and reproductive health services. To learn more about CDC’s role in these and other activities, visit http://www.cdc.gov/teenpregnancy.

Health care providers can

◊ Provide teen-friendly, culturally appropriate services for sexual and reproductive health.

◊ Increase the availability of birth control to sexually active teens and provide instruction on using methods consistently and correctly.

◊ Offer teens long-acting reversible birth control (for example, IUDs and long-acting implants).

Communities can

◊ Promote youth development programs that keep teens in school, offer after-school supervised activities, and teach life skills.

◊ Make it easy for teens who are already sexually active to get services, including birth control, other medical care, and sex education that has been proven to work.

◊ Support youth programs for teens at risk. These include girls who have already been pregnant, and boys and girls who have a parent or sibling who has been a teen parent, live in foster care, or attend school or programs for troubled teens.

Parents, guardians and caregivers can

◊ Talk to your teens about the importance of sexual and reproductive health, including delaying sex, avoiding pregnancy, using birth control, having respectful and honest relationships, and being aware of dating violence.

◊ Know where your teens are, what they are doing, and who they are with, particularly after school.

◊ Talk to community leaders about the need for effective programs that prevent teen pregnancy and address overall sexual and reproductive health.

Teens can

◊ Understand that both boys and girls share responsibility for avoiding teen pregnancy.

◊ Resist peer pressure to start having sex before you are emotionally ready.

◊ Talk openly about sexual health issues with parents, other adults you trust, and peers.

◊ If having sex, use birth control correctly and consistently every time.

For more information, please contact

Telephone: 1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov
Web: www.cdc.gov
Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
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