

Teen Pregnancy:

A Winnable Battle within Reach

NICOLE DREISBACH, M.P.H., *Grantmakers In Health*

The Centers for Disease Control and Prevention (CDC) has placed teen pregnancy on the short list of the United States' "Winnable Battles" (CDC 2012a).

There is good reason to believe victory is within reach. The national teen birth rate is 31.3 births per 1,000 teen girls 15 to 19 years, the lowest rate on record (CDC 2012b) and on the cusp of reaching the CDC's target of 30.3 births per 1,000 teen girls by 2015 (CDC 2012a). There is more good news: teen fatherhood is also in decline, with a rate of 16.1 births per 1,000 teen boys 15 to 19 years (Martin et al. 2012).

REMAINING CHALLENGES

Despite this progress, much work lies ahead. Racial and ethnic disparities remain, as teen birth rates are highest for black and Latina girls and lowest for Asian/Pacific Islander girls (CDC 2012b) (Figure 1). Geographic disparities also exist, with the highest teen birth rates in the South (Martin et al. 2012). Additionally, 82 percent of pregnant teens did not intend to become pregnant, a percentage considerably higher compared with all women (49 percent) (Finer and Zolna 2011). Lastly, roughly one in five teen mothers gives birth at least a second time during her adolescent years (CDC 2013).

Why is teen pregnancy important? Teen mothers are less likely than non-teen mothers to complete high school (Perper et al. 2010) and are more likely to be living in poverty

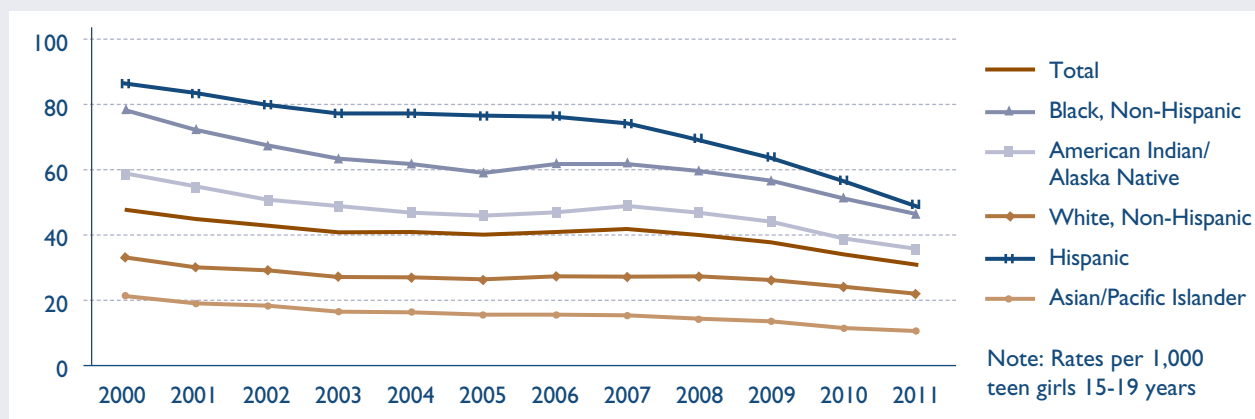
(National Campaign 2012). Babies who are born to teen mothers are more likely than babies born to mothers in their 20s or 30s to be born prematurely and at low birth weight, and to die before their first birthday (Mathews and MacDorman 2007). Furthermore, children born to teen mothers are less likely than children born to non-teen mothers to graduate from high school and are more likely to become teen mothers, too (National Campaign 2012).

GOVERNMENT INVESTMENTS

The federal government has long invested in teen pregnancy prevention services, programs, and research. Since 1970 the Title X Family Planning program has provided states and other local agencies with funding to offer family planning services to low-income individuals and teens, where teens comprise 21 percent of Title X clients (Fowler et al. 2012). For more than 30 years, the Adolescent Family Life program has awarded grants for innovative pregnancy prevention demonstration projects and also has commissioned research studies on the causes of teen pregnancy.

More recent federal initiatives are also under way, representing a greater emphasis on medically accurate, age-appropriate, evidence-based programming rather than abstinence-only programming. In an effort to stem the rising rates of teen pregnancies, Congress approved the Teen Pregnancy

FIGURE 1: TEEN BIRTH RATES BY RACE AND HISPANIC ETHNICITY, 2000-2011



Source: CDC 2012b

Prevention Initiative in 2010. The Office of Adolescent Health (OAH) administers this initiative through the Teen Pregnancy Prevention Program, which funds evidence-based or innovative programs tailored to meet the needs of communities with high teen pregnancy rates through national, state, and local partnerships. Also overseen by OAH, the Pregnancy Assistance Fund supports pregnant teens and teen parents to further their education and receive other needed services. Abstinence programming continues through many federal funding paths, including the Personal Responsibility Education Program, which awards funding to states and other agencies to provide evidence-based programming that teaches teens about both abstinence and contraception methods, as well as other life skills.

The CDC's Winnable Battles' campaign elevates a handful of public health challenges, including teen pregnancy, into the national spotlight. One key strategy is the promotion of effective forms of contraception such as long-acting reversible contraception (LARC), including monthly hormonal injections and intrauterine devices (Figure 2). U.S. teens are no more likely than their European counterparts to be sexually active, yet they are less likely to use LARC methods, which could help curtail the high rate of unintended pregnancies (Guttmacher Institute 2013).

States and other locales receive varying levels of federal funding to provide Title X family planning services and teen pregnancy prevention programming, yet states such as Mississippi are also developing their own teen pregnancy prevention initiatives. Mississippi has the highest teen birth rate in the nation, prompting the formation of the Healthy Teens for a Better Mississippi program. This effort will promote multiple strategies, including engaging local communities, proposing legislation, increasing job opportunities for teens, and ensuring access to teen-friendly health care services (Teen Pregnancy Prevention Task Force 2012).

FIGURE 2: CDC'S WINNABLE BATTLES TEEN PREGNANCY CAMPAIGN KEY ACTIONS

- Monitor teen pregnancy/birth rates and prevention policies.
- Promote the delay of sexual initiation through evidence-based programs and social norm changes.
- Expand the reach of Medicaid family planning services.
- Promote the use of effective contraceptive methods, including long-acting reversible contraception, by sexually active teens.

Source: CDC 2012

HEALTH GRANTMAKER INVESTMENTS

Health grantmakers also have seized opportunities to invest in teen pregnancy prevention, often employing creative, multilayered, targeted, community-level strategies, and often working parallel with government efforts.

For more than a decade, the **Cone Health Foundation** has invested in teen pregnancy prevention programs in Greensboro, North Carolina. The foundation employs a variety of strategies, including programs that meet the needs of specific groups such as teen boys. For example, the foundation funds the Wise Guys Mentors program, a school-/afterschool-based program covering topics such as anatomy and contraception, as well as developing parent-child communication skills on issues of sex and confronting serious topics such as rape (Boren 2013). Additionally, boys are partnered with a male mentor who can reinforce program messages, as well as answer questions. Foundation grants also support efforts intended to reduce repeat pregnancies among teen mothers, improve teen-parent communication skills when discussing sex, and train teens to serve as trusted peer resources.

Since its inception in 1992, **The California Wellness Foundation** has supported teen pregnancy prevention efforts throughout California. The foundation's efforts are diverse and range from operating support for youth clinics and school-based health centers, to support for disseminating information to local policymakers about teen pregnancy and related policies. The foundation is also supporting tailored programming to specific groups such as pregnant and parenting teens in the juvenile justice system. For example, the foundation has awarded a multiyear grant to the Center for Youth Wellness to provide technical assistance to four California county probation departments so that staff will acquire the knowledge and skills to provide trauma-informed care to support pregnant and parenting teens.

CONCLUSION

Through both government and philanthropic funding, notable strides have been made in tackling teen pregnancy and birth rates across communities in the United States. An important lesson from programs over the past decades is that there is no one solution to preventing teen pregnancy. Thus, strategies adopted by government and philanthropy demonstrate both depth and breadth, including providing support for teen-serving family planning clinics; engaging parents, families, and communities; disseminating medically accurate, age-appropriate sex education instruction; promoting effective methods of contraception and improving access; implementing evidence-based programs, and more specifically, programs tailored to specific groups; and reaching out to teen parents to ensure that they continue with their education. Such strategies, and more, are vital defenses in this battle, ensuring continued progress.

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