

Teen Pregnancy and Childbirth

PREGNANCY AND CHILDBIRTH TO FEMALES AGES 15 THROUGH 19 YEARS OLD

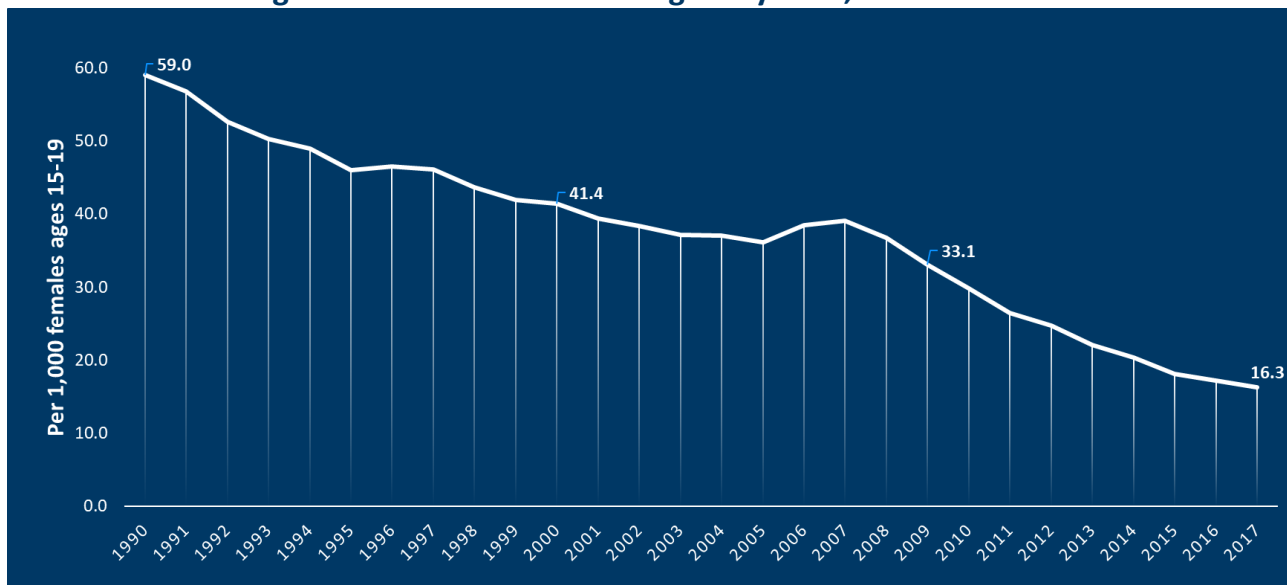
Why It's Important

Teen childbirth is a strong risk factor for poor outcomes for both infants and their mothers, as well as being expensive for society. Teen pregnancy is closely linked to a number of critical social and public health issues such as intergenerational poverty and low educational attainment. It is a significant contributor to high school dropout rates among girls - only approximately 50 percent of teen moms receive a high school diploma by 22 years of age, compared to approximately 90 percent of women who are not teen moms.¹ These teen mothers face many struggles to adequately support their child(ren) including being more likely to live in poverty, thus affecting their future economic capacity and lifelong income.² Pregnant teens are also less likely to receive timely and consistent prenatal care (54.3%) than women who become pregnant at an older age (70%).³

“Preventing teen pregnancy is win all around. Not only does it give teens, both male and female, a better chance to achieve their educational goals and increase their earning power, it also saves tax dollars by avoiding the higher health care and social services costs associated with teen pregnancy. Children benefit too, they have better health outcomes, less behavioral and developmental concerns, and greater school success when they are born to parents who are past their teen years.” - Needs Assessment Key Informant

Minnesota has seen a 72 percent decline in the teen pregnancy rate between 1990 and 2017. The progress Minnesota has made in reducing teen childbearing saved taxpayers an estimated \$42 million in 2015 alone compared to the costs they would have incurred had the rates not fallen.⁴

Figure 1. Minnesota Teen Pregnancy Rate, 1990-2017

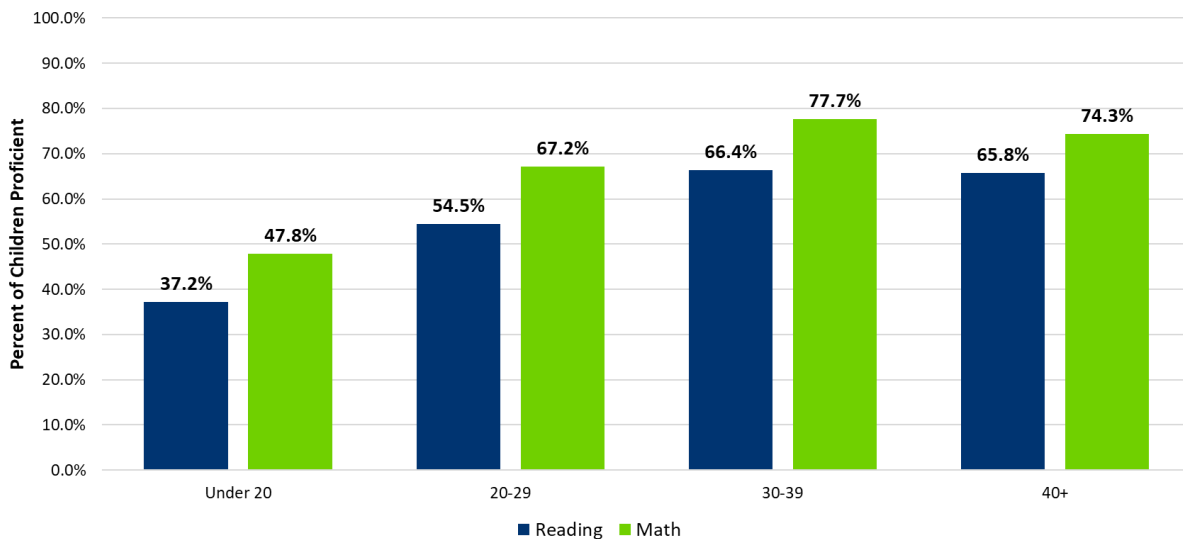


Data Source: Minnesota Resident Final Birth File & US Census Bureau, American Community Survey

**Even though there has been progress, there is still more work to be done.
In 2017, 2,113 babies in Minnesota were born to mothers under the age of 20.**

Children of teen parents are more likely to have unfavorable birth outcomes such as premature birth and low birth weight. The children of teenage mothers are more likely to have lower school achievement (see Figure 2) and to 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.⁵ These effects continue 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.

Figure 2. 3rd Grade Proficiency by Maternal Age, 2016-2017



Data Source: Early Childhood Longitudinal Data System (ECLS)

“[Women, children, and families need] help keeping children/adolescents in school and GED attainment for pregnant and parenting teens.” - Needs Assessment Discovery Survey Respondent

Focus on Health Equity

Teen pregnancy is still a significant public health concern and Minnesota has some striking disparities in teen pregnancy by poverty, race and ethnicity, and geography. Health is created through the interaction of individual, social, economic, and environmental factors; and in systems, policies and processes encountered in everyday life.

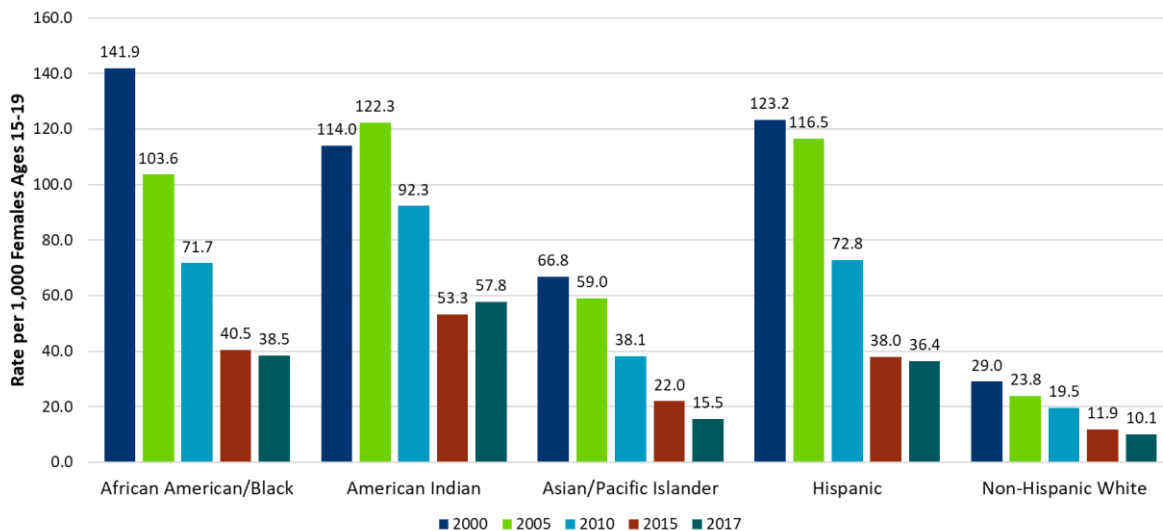
The growing economic inequities and the persistence of health disparities in Minnesota experienced by youth are neither random nor unpredictable. Many youth, particularly youth of color and American Indian youth, experience social, economic and environmental disadvantages that result in poverty, homelessness, unemployment, dropping out of high school, discrimination, racism, violence, bullying,

TEEN PREGNANCY AND CHILDBIRTH

and incarceration. These structural inequities lead to disparities in unplanned and unintended teen pregnancies, and sexually transmitted infections (STIs).

Minnesota’s relatively low rate of teen pregnancy and childbirth is the result of a dramatic decline in teen pregnancies among all racial and ethnic groups during the past 20 years. In 2017, there were 2,877 teen pregnancies in Minnesota with non-Hispanic white teens, who comprise 75 percent of Minnesota’s female adolescents, accounting for only 47 percent of the teen births. The highest 2017 teen pregnancy rates were among American Indian (57.8 per 1,000), African-American (38.5 per 1,000) and Hispanic (36.4 per 1,000) youth, and were significantly greater than teen pregnancy rates among whites (10.1 per 1,000) and Asian/Pacific Islanders (15.5 per 1,000). American Indian adolescents were the only group who saw a rise in teen pregnancies from 2015 to 2017.

Figure 3. Minnesota Teen Pregnancy Rate by Race/Ethnicity, Comparing years 2000, 2005, 2010, 2015, and 2017



Data Source: Minnesota Resident Final Birth File & US Census Bureau, American Community Survey

Data also reveals geographic disparities in teen pregnancy and birth rates with Greater Minnesota counties having some of the highest teen pregnancy rates in the state. All of the top 15 counties with the highest teen pregnancy and birth rates are in rural Minnesota. In addition, when compared to other countries, Minnesota’s teen birth rate is higher than the rates of about 50 nations.

Additional Considerations

When young people feel supported and encouraged they are less likely to engage in risky behaviors.

Five main priority areas that support young people to thrive are:

- Access to high quality, teen-friendly **HEALTH CARE** including both physical and mental health care, and effective government systems to support the health and well-being of young people.

TEEN PREGANCY AND CHILDBIRTH

- Safe and Secure **PLACES** to Live, Learn, and Play. This includes partnering and supporting schools to ensure all students are engaged, connected and learning, and that communities are a welcoming and nurturing place for all young people.
- Young people have positive **CONNECTIONS** with supportive adults who understand adolescent health and development, and that families and caregivers have the capacity to provide the supportive foundation for young people's health and well-being.
- Opportunities for Teens to **ENGAGE** in youth leadership and engagement to actively influence issues that are important to them, and participate in quality out-of-school time programs that positively affect their health and development.
- Adolescent and Family **CENTERED SERVICES**, including recognizing and responding to the diversity, individuality and unique circumstances of young people, and the importance of addressing the social determinants of health including the social, economic and environmental factors that negatively impact the health and well-being of young people.

Important Note on Equity and Intersectionality

The Minnesota Department of Health's Title V Needs Assessment team acknowledges that structural (social, economic, political and environmental) inequities can result in poor health outcomes across generations. They have a greater influence on health outcomes than individual choices or a person's ability to access health care, and not all communities are impacted in the same way.

All people living in Minnesota benefit when we reduce health disparities.

We also acknowledge that the topic addressed in this data story does not exist in isolation— which is important to remember as we do needs assessments and as we start thinking about how we approach solutions. In addition to the needs themselves being intersectional, there are also intersecting processes and systems through which power and inequity are produced, reproduced, and actively resisted.

Citations

1. National Campaign to Prevent Teen and Unplanned Pregnancy. <https://thenationalcampaign.org/why-it-matters/public-cost>
2. Why It Matters. Power to Decide (<https://powertodecide.org/what-we-do/information/why-it-matters>) 2019. Accessed: April 15, 2019.
3. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Child Health USA 2011. Rockville, Maryland: U.S. Department of Health and Human Services, 2011.
4. Power to Decide: The Campaign to Prevent Unplanned Pregnancy. <https://powertodecide.org/what-we-do/information/national-state-data/minnesota>. 2019. Accessed April 15, 2019.
5. Solomon-Fears, C. Teenage Pregnancy Prevention: Statistics and Programs. Congressional Research Service. <https://fas.org/sgp/crs/misc/RS20301.pdf>. Accessed April 29, 2019.

TEEN PREGANCY AND CHILDBIRTH

Child and Family Health Division
Title V Maternal and Child Health Needs Assessment
Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-3589
health.cfhcommunications@state.mn.us
www.health.state.mn.us

8/1/2019

*To obtain this information in a different format, call:
651-201-3589. Printed on recycled paper.*

