

Teen Pregnancy

CURRENT TRENDS

There were 8,516 pregnancies to Oregon females under 20 years of age in 1996. In 58.3 percent of these cases, the person had not yet completed high school nor obtained a general equivalency diploma (GED). Of those who took their pregnancy to term, 74.6 percent were unmarried at the time of birth.

To aid understanding of teen pregnancy trends, this report bases its analysis on two separate age groups: females under 18 and females 18-19. These groups are then compared to women age 20 and above and to each other. The number of pregnancies is determined by adding the numbers of births and abortions reported for residents. Because some neighboring states (e.g., California) do not exchange abortion reports with Oregon, those who obtain an out of state abortion are not always included in this count.

Oregon Females Under 18

Efforts at preventing teen pregnancies are focused primarily on females under age 18. In 1996, the pregnancy rate among 10- to 17-year-olds decreased 2.1% to 18.8 per 1,000, from 19.2 in 1995 (see sidebar). The current rate is 1.3 times greater than the Oregon Benchmark goal for the year 2000 of fifteen pregnancies per 1,000 females. If the Benchmark goal is to be achieved, the rate must decrease by 5.1 percent per year. [Figure 4-1].

During 1996, at least 3,274 pregnancies occurred among Oregon females under 18 years old, ten fewer cases than 1995. [Table 4-2]. Both the abortion rate and the birth rate decreased, indicating that younger teens are

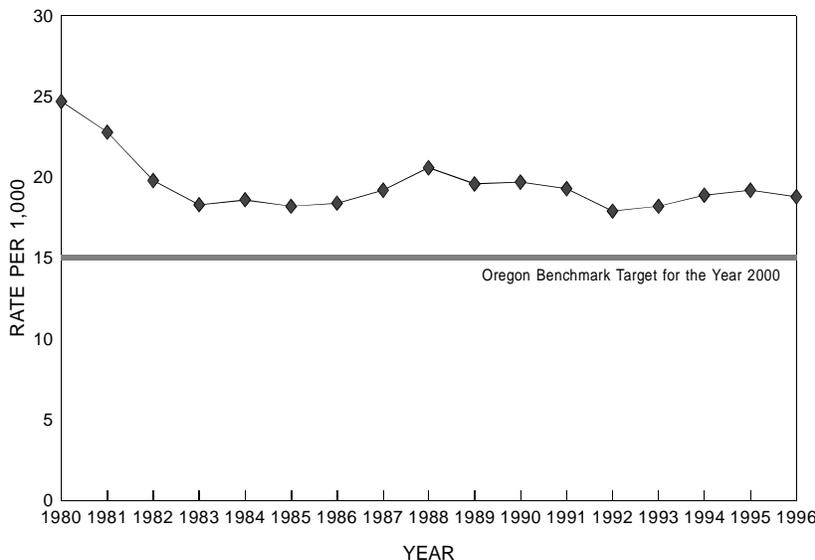
Pregnancy rates for Oregonians under 18 declined two percent.

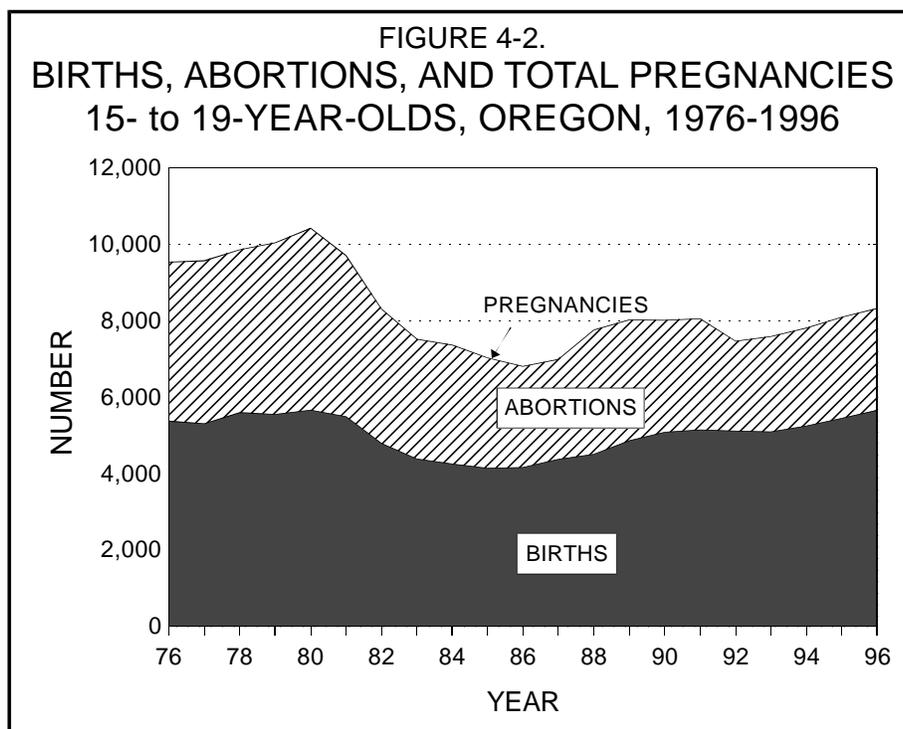
OREGON BENCHMARK: Teen Pregnancy Rates 10-17

YEAR 2000 GOAL: 15.0	
YEAR	RATE
1980	24.7
1981	22.8
1982	19.8
1983	18.3
1984	18.6
1985	18.2
1986	18.4
1987	19.2
1988	20.6
1989	19.6
1990	19.7
1991	19.3
1992	17.9
1993	18.2
1994	18.9
1995	19.2
1996	18.8

Pregnancy rate per 1,000 females ages 10-17.

FIGURE 4-1.
TEEN PREGNANCY RATES AGES 10-17
Oregon 1980-1996





showing improvement in protecting themselves against becoming pregnant compared to 1995.

The youngest teen to become pregnant was 12 when she gave birth; 166 of the teen pregnancies reported in 1996 involved teens under 15. The number of pregnancies among teens under 15 was 13% lower than the number in 1995 (191). [Table 4-2].

Oregon Females 18-19

In 1996, the pregnancy rate of female Oregonians age 18-19 increased to 122.9 per 1,000, a 2.2 percent increase from 1995. Comparisons with the 1995 figures show increases of 3.0 percent in the birth rate and 0.3 percent in the abortion rate reported among 18- to 19-year-olds. [Table 4-1].

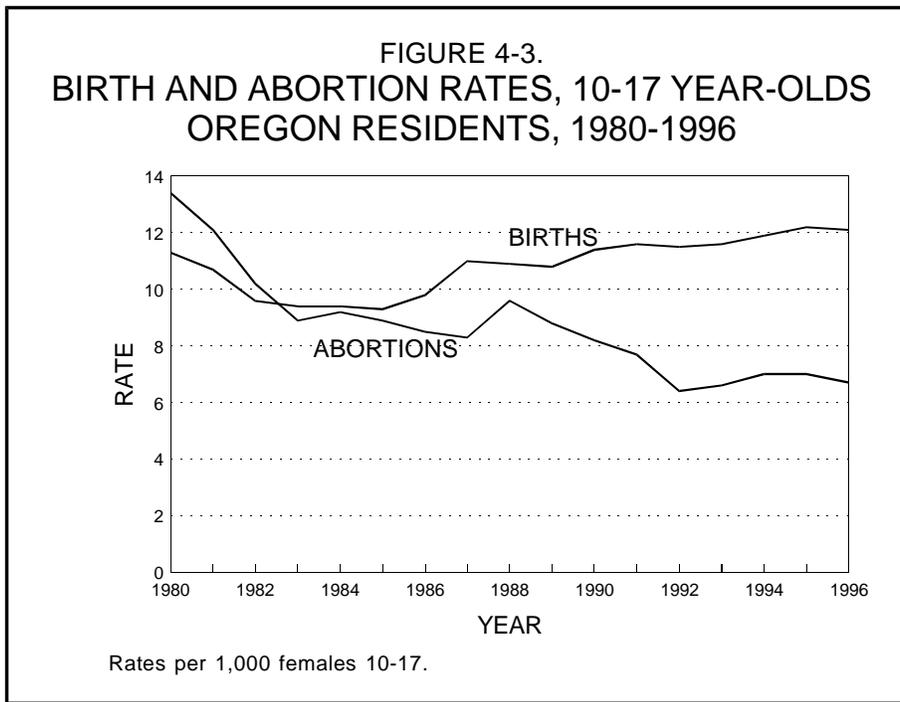
TEEN ABORTIONS

In 1996, the abortion rate decreased by 4.3 percent among Oregon teens age 10-17. The rate of abortions to those age 15-17 decreased by 6.7 percent. The number of abortions for teens under the age of fifteen decreased by 14 percent from 1995. The abortion rate for 18-19 year-olds increased marginally (0.3%). [Table 4-1, Table 4-2, Figure 4-3].

Figure 4-4 presents the historical pattern of pregnancy resulting in birth instead of abortion. As the graph indicates, teens are becoming more likely to carry a pregnancy to term but are still less likely than are women age 20-34.

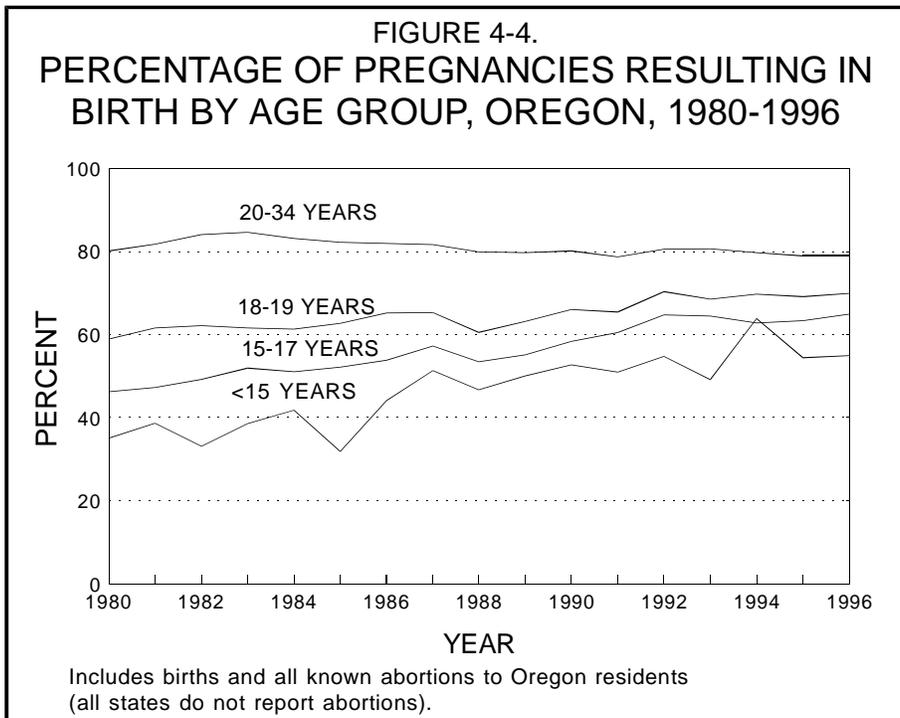
Historically, since 1980, the younger the teen the more likely the pregnancy would be terminated; but, in recent years, even among teens under 15, more than 50 percent of pregnancies resulted in a live birth. [Figure 4-4].

***Abortion rates for
teens 10-17 declined
four percent.***



There were 1,168 abortions to Oregonians age 10-17 reported during 1996, a 2.9 percent decrease from 1995. [Table 4-2]. The abortion rate for this group decreased 14 percent to 6.7 per 1,000 females. When compared to the record high of 1980, the abortion rate of 10- to 17-year-old teens has dropped nearly one-half.

Among 18- to 19-year-olds, the abortion rate was essentially unchanged in 1996, 37.1 per 1,000 females. [Table 4-1]. This is 36 percent below the record high rate of 1980.



Birth rates for teens 10-17 declined one percent.

TEEN BIRTHS

In 1996, there were 2,106 births to Oregon teens under 18 years of age. In 8.8 percent of these cases, it was the mother's second, third or fourth child. [Table 4-9]. Sixty-four percent of pregnancies among females 10-17 resulted in a live birth during 1996, compared to 46 percent in 1980. [Table 4-2].

While the pregnancy rate for 10- to 17-year-olds decreased by 2.1 percent since 1995, their birth rate has decreased by 0.8 percent in the same period. [Table 4-2]. The birth rate among teens 15-17 is 2.5 percent below the 1995 rate.

The number of births to teens age 18-19 totaled 3,661, an increase of 201 from the previous year. Their birth rate was 85.8 per 1,000 females, a 3.0 percent increase from 1995. [Table 4-1]. Seventy percent of pregnancies reported among this group resulted in a live birth, a percent relatively unchanged from 1995. [Figure 4-4].

Oregon Rates vs. U.S. Rates

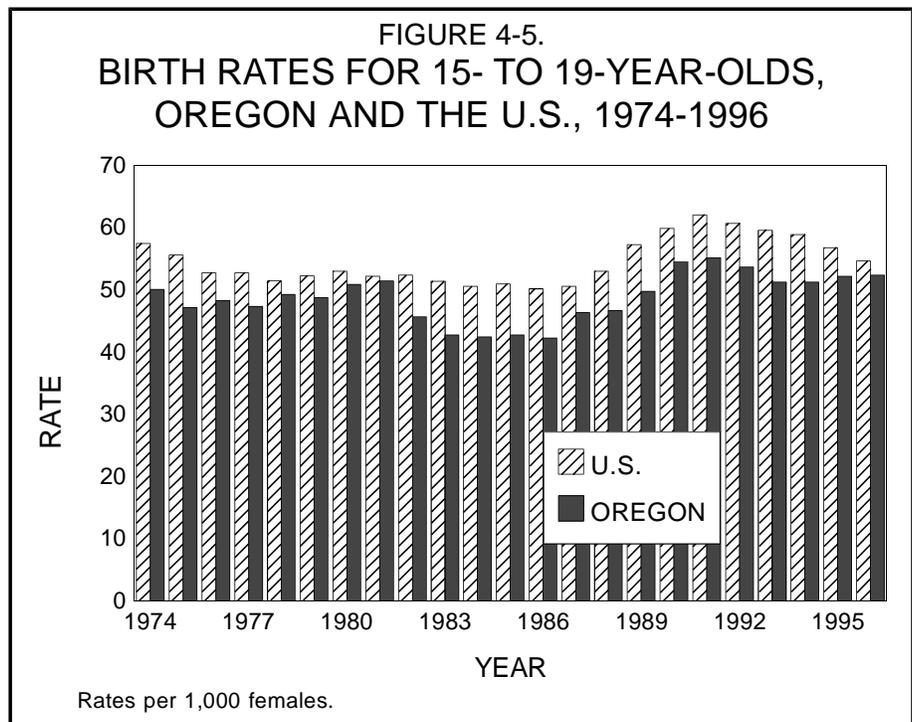
The birth rate among 15- to 19-year-olds (commonly used in historical and national comparisons) increased slightly from the 1995 rate (52.4 vs. 52.2 per 1,000 females). [Table 4-1]. This rate is still 5.1 percent below the high of 55.2 per 1,000 in 1991. [Figure 4-5].

Comparison of birth rates available for 15-19 year old teens shows that Oregon's rate was 13.2 percent below the national rate (52.4 vs. 59.9 per 1,000 females) (see sidebar).¹ Oregon's lower teen birth rate may be attributed in large part to Oregon's demographic characteristics. African American and Hispanic populations that display higher teen birth rates are under-represented in the state. (For further discussion of Oregon's demographic characteristics and teen pregnancy rates, see the Methodology Section of Appendix B).

TEEN BIRTH RATES ¹			
AGE	OREGON		U.S.
	1996	1995	*1996
10-17	12.1	12.2	NA
10-14	0.8	1.0	NA
15-17	30.7	31.5	34.0
18-19	85.8	83.3	86.5
15-19	52.4	52.2	59.9

¹ All rates per 1,000 females.
* 1996 data not final.

OREGON BENCHMARK: <i>First Trimester Prenatal Care, 1996</i>	
YEAR 2000 GOAL: 90.0%	
ALL TEENS	64.3%
10-17 YEARS	60.9%
18-19 YEARS	66.3%
20 + YEARS	82.3%



PRENATAL CARE

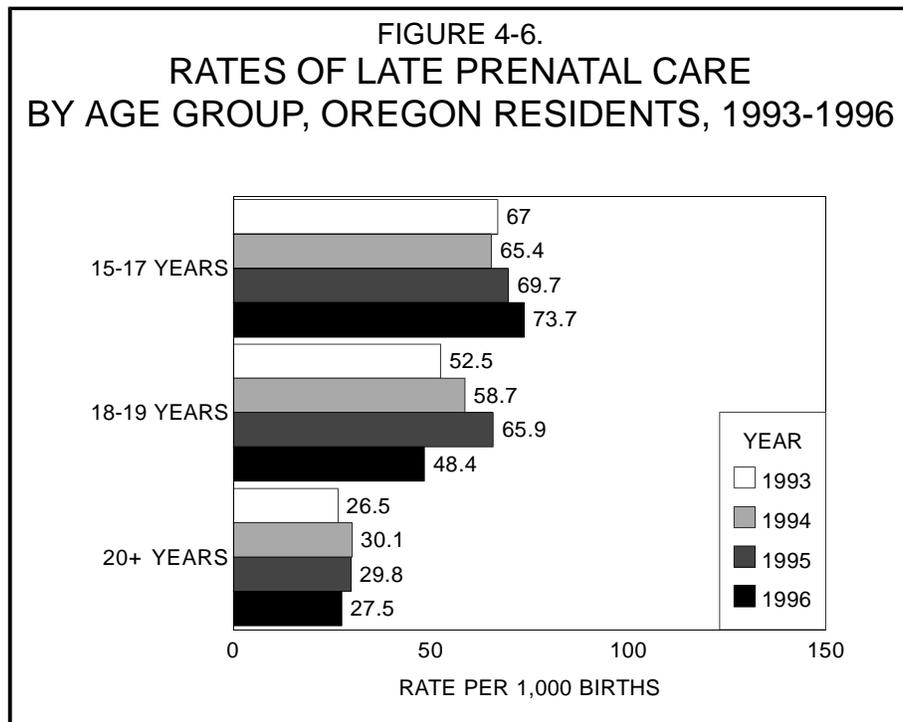
Early Prenatal Care

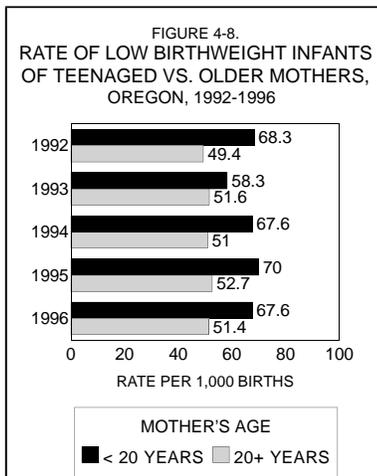
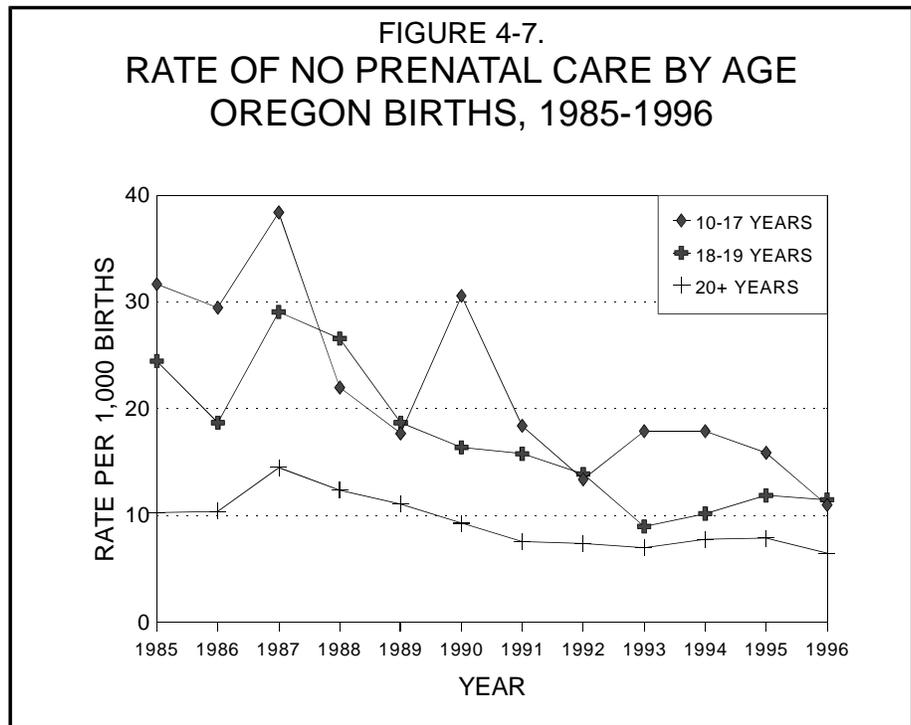
Prenatal care should begin within the first three months of pregnancy to allow early detection of complications and to ensure the health of both mother and infant. An Oregon Benchmark goal stipulates that by the year 2000, 90 percent of pregnant females, regardless of age, begin medical care during the first trimester of pregnancy. Only 82 percent of Oregon women age 20 or older who gave birth in 1996 met this standard. Among teens who gave birth in 1996, 64.3 percent started prenatal care during the first trimester, a 2.7 percent increase from 1995 (see sidebar). Only 60.9 percent of those under 18 received early prenatal care, a 3.9 percent increase from 1995. [Table 4-10].

Other demographic factors such as race, ethnicity and marital status combine with age to influence the likelihood of a teenager receiving early prenatal care. In 1996, for example, 56.7 percent of unmarried Hispanics age 15-17 started prenatal care during their first trimester, compared to 73.0 percent of married non-Hispanic whites age 18-19. [Table 4-4].

Inadequate Prenatal Care

Inadequate prenatal care has been defined as care that begins after the second trimester of pregnancy, or that involves fewer than five medical visits. By this measure, 11.0 percent of 15- to 17-year-old teens and 8.3 percent of 18- to 19-year-old teens did not receive adequate prenatal care in 1996. [Table 4-4]. By comparison, 4.8 percent of women 20 years or older received inadequate care. [Table 4-10]. The proportion of mothers under 20 who received inadequate prenatal care decreased 9.7 percent from 1995.





Late Care and No Prenatal Care

The proportion of teens age 15-17 who begin prenatal care during the third trimester increased 5.9 percent to 73.7 per 1,000 live births. [Figure 4-6]. Teens remained about twice as likely as women 20 and older to go through pregnancy without a single visit to a medical provider. In 1996, the rate of no prenatal care among teens under age 18 was nearly equal to the rate for older teens (10.9 vs. 11.5). [Figure 4-7] The rates for teens 15-19 decreased 13.7 percent between 1995 and 1996 while the rate for women age 20 and older decreased 18.7 percent.

LEVEL OF INFANT HEALTH

Whether reflecting premature delivery or small size for gestational age, the low birthweight (LBW) rate (< 2,500 grams, or 5.5 pounds) represents the single best measure of health for newborn infants. Changes in the low birthweight rate of a group may indicate aggregate changes in the mothers' personal behavior during pregnancy or other conditions that affect fetal health—such as better nutrition or access to prenatal care.

In 1996, the low birthweight rate for teen mothers age 15-19 was 67.3 per 1,000 births [Table 4-4], a 2.7 percent decrease from 1995. For 15- to 17- year-olds, the rate increased 6.8 percent. The teen rates remained higher than the low birthweight rate for mothers age 20 or older (51.4). [Table 4-9]. A persistent low birthweight differential between the two age groups indicates that the babies of teenage mothers are at elevated risk. [Figure 4-8].

The relationship between level of prenatal care and frequency of low birthweight infants among teen mothers is shown in Table 4-3. Mothers aged 15-19 years who received inadequate prenatal care in 1996 were over twice as likely to have low birthweight babies than those who had received adequate care (130.5 vs. 61.1 per 1,000 live births) [Figure 4-9]. This parallels findings based on analysis of births to mothers of all ages.

The low birthweight rates among teen mothers by racial/ethnic categories are displayed in the sidebar. The rate of low birthweight for Hispanic teens decreased for teens 15-17 and increased for teens 18-19. Among non-Hispanic, non-white groups, the low birthweight rate for teens 18-19 increased while the rate for teens 15-17 decreased (see sidebar).

Low Apgar Score

The Apgar score recorded by the birth attendant five minutes after birth provides a second measure of infant health at the time of delivery. A score of less than seven is considered low and indicates that the infant is at greater than normal risk for morbidity and mortality. The 1996 rate of low Apgar scores among newborns of teen mothers was 22.8 per 1,000 births [Table 4-9], a 30 percent increase from the 1995 rate of 17.6. The 1996 rate for teens was 56.2 percent higher than that for mothers 20 years or older (14.6).

REPORTED SUBSTANCE USE DURING PREGNANCY

Estimates of tobacco and alcohol use during pregnancy are presumed to be minimum counts due to under-reporting on birth certificates.

Alcohol

Table 4-9 shows that teen females age 15-19 were 7.6 percent less likely to report use of alcohol during pregnancy than women over 20 (21.8 vs. 23.6 per 1,000 births).

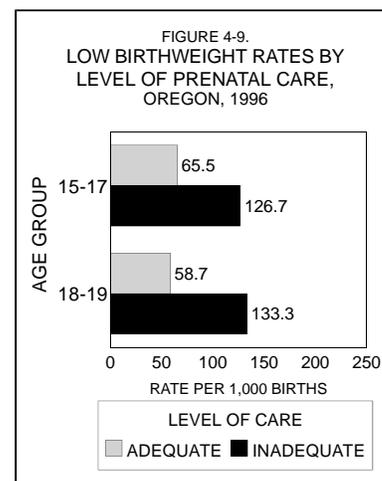
Tobacco

Teens 15-19 were 75 percent more likely than women over 20 to report smoking during pregnancy (28.4% vs. 16.2%). [Table 4-9].

Mothers who smoked during pregnancy were 62.4 percent more likely to have low birthweight babies than nonsmokers (see sidebar). Although this difference was more pronounced among mothers 20 or more years of age, it remains one of the most important preventable causes of low birthweight infants for teen mothers as well.

METHOD OF PAYMENT

Births to teen mothers are more than twice as likely to be paid for with public funds as are births to older women. In 1996, 66 percent of births to teens under 20 were paid for by public insurance, compared to 30 percent of births to mothers age 20 and older [Table 4-10]—an indication of the continuing, disproportionate effect of teen pregnancy on the state’s Medicaid budget. While the 1996 figure remained the same as 1995 for women age 20 and older, the percentage for teens under age 20 increased by 8.2 percent. No significant difference was apparent in 1996 between the source of payment for teens 15-17 and teens 18-19 (63% vs. 66%).



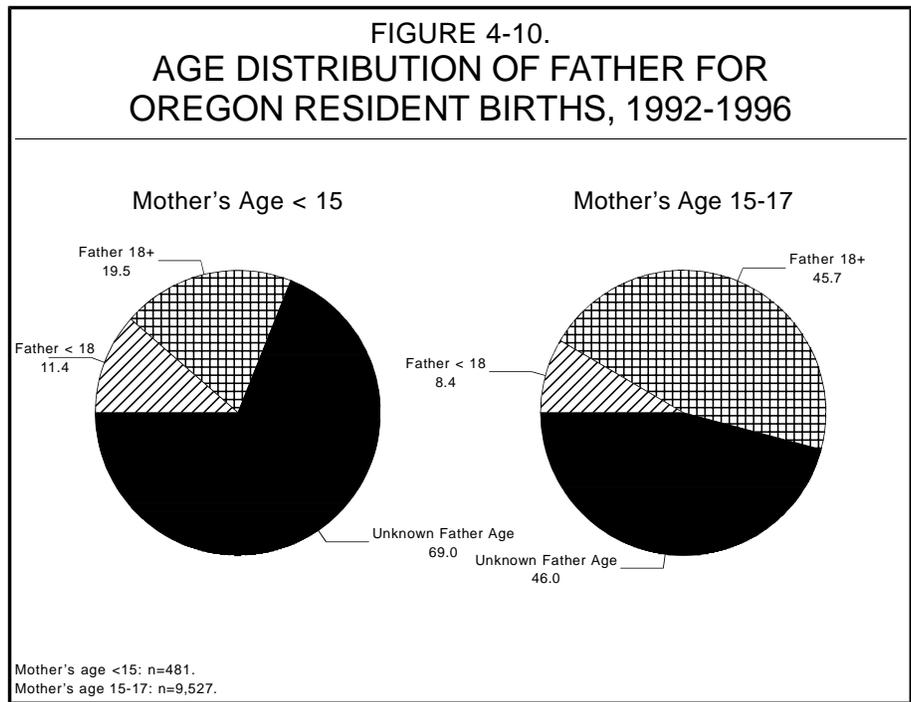
SMOKING STATUS	< 20 YEAR	20+ YEAR
NONSMOKERS	61.9	46.0
SMOKERS	78.9	77.6

¹ All rates per 1,000 births.

RACE/ETHNICITY	AGE	
	15-17	18-19
RATES		
NON-HISPANIC WHITE	62.7	61.6
HISPANIC (ALL RACES)	80.1	66.6
NON-WHITE, NON-HISPANIC	116.5	93.6
PERCENT CHANGE, 1995 VS. 1996		
NON-HISPANIC WHITE	-5.4%	-5.2%
HISPANIC (ALL RACES)	-12.7%	20.4%
NON-WHITE, NON-HISPANIC	-8.3%	12.4%

¹ All rates per 1,000 births.

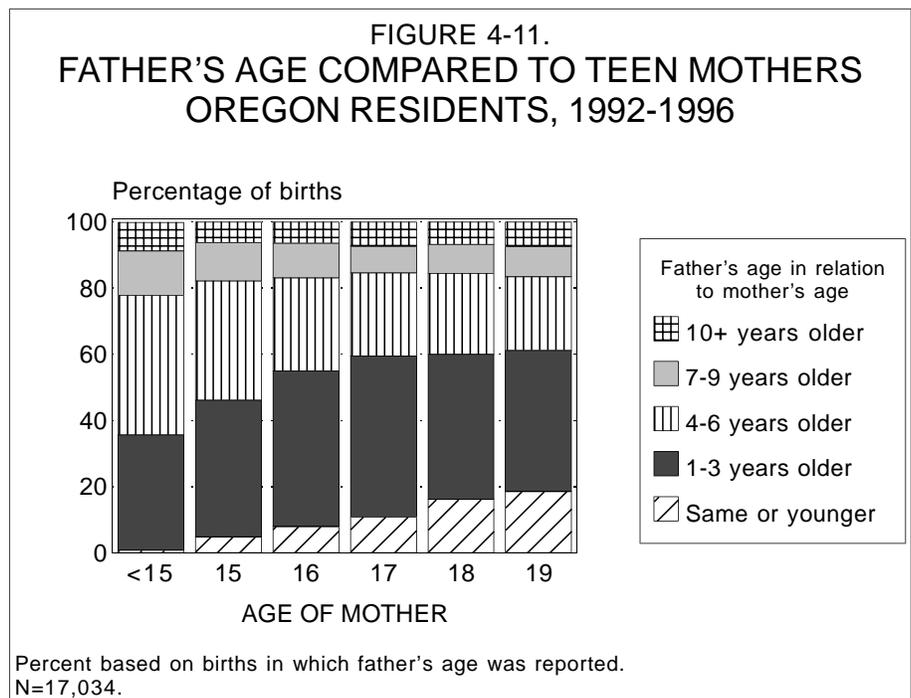
The majority of teen births are paid for by public insurance.



Two-thirds of mothers 14 or younger were impregnated by men at least four years older than themselves (where age of father is known).

AGE OF FATHER

During 1992-1996, a large percentage of birth certificates for babies born to teen mothers did not report information regarding the father's age. Among teen mothers under age 15, 69 percent of the certificates did not list father's age. Based on birth certificate information, 11.4 listed fathers under the age of 18 and 19.5 percent listed fathers 18 or older. Among teen mothers age 15-17, 46 percent of certificates did not report the age of the father; 8.4 percent of the fathers were under age 18, and 45.7 percent were 18 years or older. [Figure 4-10 & Table 4-13]. Figure 4-10 displays the age differential between teen mother's ages and known ages of fathers for the time period 1992-1996.



References:

Ventura SJ, Peters KD, Martin JA, et al. Births and Deaths: United States, 1996. Monthly Vital Statistics Report; vol 46, No 1, supp 2. Hyattsville, Maryland: National Center for Health Statistics. September 11, 1997.