

Teen Pregnancy

CURRENT TRENDS

In 2002, there were 6,514 pregnancies to Oregon females under age 20. Of these, 54.1 percent had neither completed high school nor obtained a general equivalency diploma (GED). Of those who took their pregnancies to term, 77.6 percent were unmarried at the time of birth. [Table 4-10.] Because of differences in risk and severity of outcomes, this report bases its analysis on two separate age groups to aid in understanding teen pregnancy trends: females under age 18 and females age 18 to 19. These two groups are compared to each other and to women age 20 and older. The number of pregnancies is determined by adding the numbers of births and abortions reported for Oregon 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. [See Appendix B].

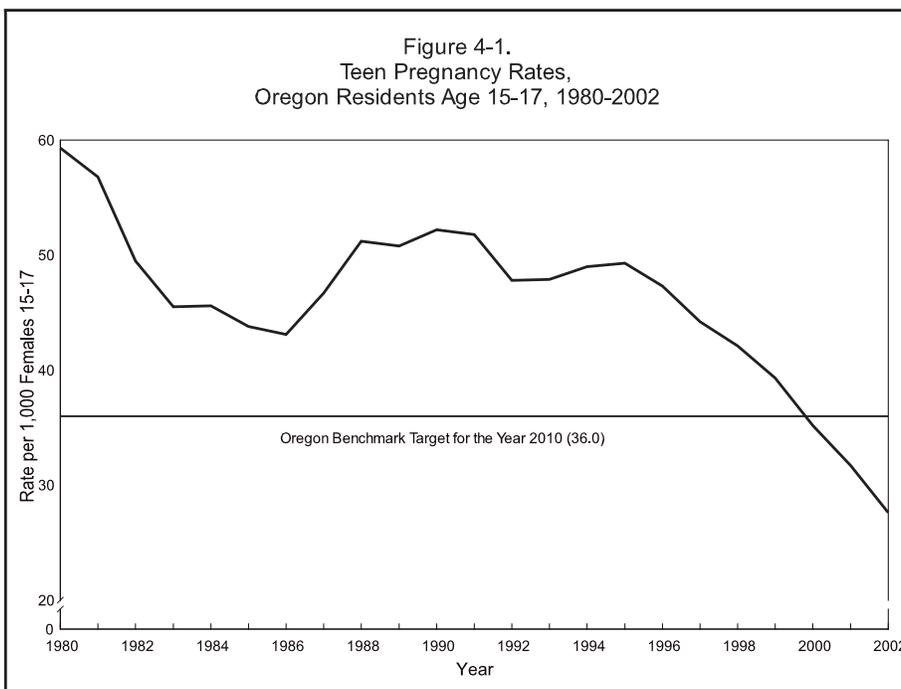
OREGON FEMALES UNDER 18

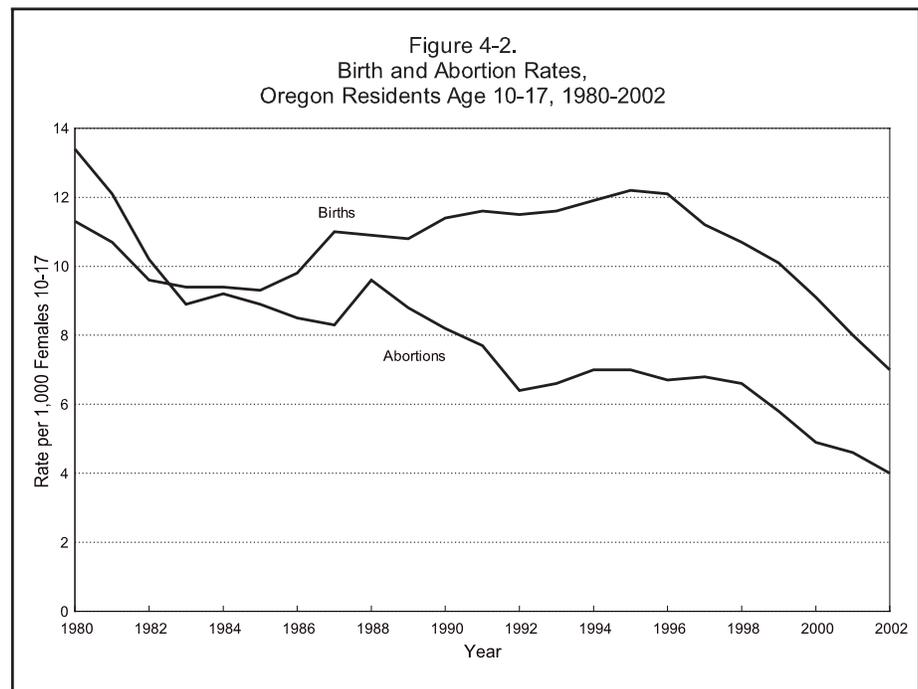
Efforts at preventing teen pregnancies are focused primarily on females under age 18. During 2002, at least 2,127 pregnancies occurred among Oregon females under age 18, 295 fewer than in 2001. [Table 4-2]. In 2002, the statewide pregnancy rate among women age 10 to 17 decreased 13.5 percent, from 12.6 in 2001 to 10.9 in 2002 (see Table 4-2). This continues a six-year decline and indicates that teens are showing improvement in protecting themselves against becoming pregnant. Pregnancy rates for teens age 10 to 17 varied by county and six counties had rates statistically significantly different than the state rate. [Table 4-5]. The 2002 rate for

Pregnancy rates for Oregonians age 10 to 17 declined 13.5 percent from 2001.

OREGON BENCHMARK: Teen Pregnancy Rates 15-17	
YEAR 2010 GOAL: 36.0	
YEAR	RATE
1980	59.3
1981	56.8
1982	49.5
1983	45.5
1984	45.6
1985	43.8
1986	43.1
1987	46.7
1988	51.2
1989	50.8
1990	52.2
1991	51.8
1992	47.8
1993	47.9
1994	49.0
1995	49.3
1996	47.3
1997	44.2
1998	42.1
1999	39.3
2000	35.2
2001	31.7
2002	27.6

Pregnancy rate per 1,000 Oregon resident females ages 15-17.





teens 15-17 was 23.3 percent below the Oregon Benchmark goal for the year 2010: 36 pregnancies per 1,000 females. [Figure 4-1].

In 2002, the three youngest teens to become pregnant were age 12. There were 96 pregnancies to females under age 15.

Births to Teens Under 18

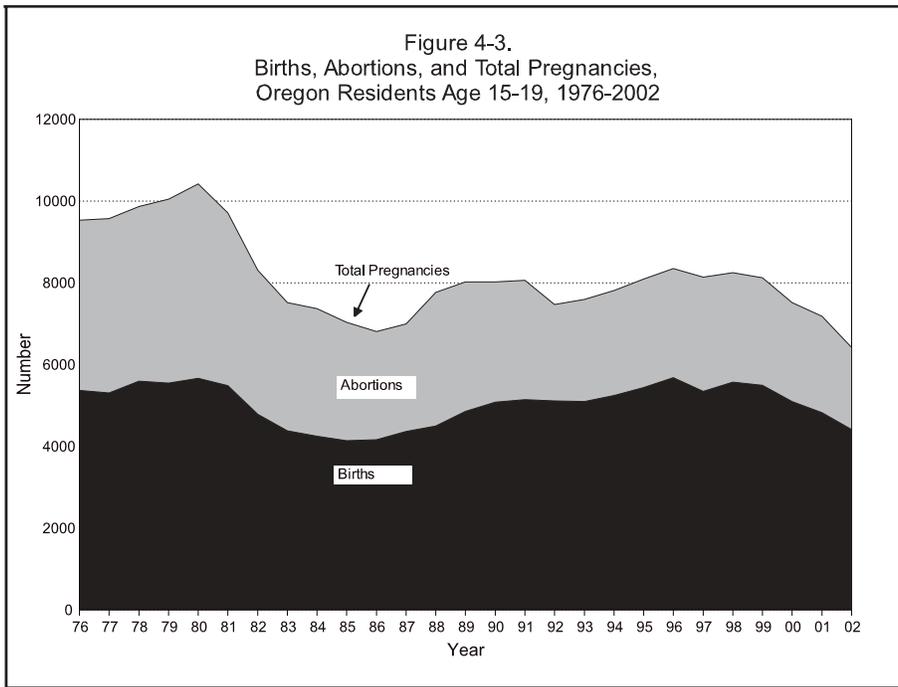
There were 1,358 births to Oregon teens under age 18 in 2002. Sixty-four percent of pregnancies among teens age 10 to 17 resulted in a live birth, compared to 46 percent in 1980. [Table 4-2]. It was the mother's first child in 90.6 percent of these births. [Table 4-9]. The birth rate for teens age 10 to 17 was 7.0, a 12.5 percent decrease from 2001. Fifty-one girls age 10 to 14 gave birth during 2002, fifteen fewer than the previous year. [Table 4-2].

Abortions to Teens Under 18

Abortion rates among teens decreased compared to 2001; for females age 10 to 17, the abortion rate decreased by 13.0 percent. [Table 4-2; Figure 4-2]. There were 769 abortions to Oregonians age 10 to 17 reported during 2002, 110 fewer abortions than in 2001. Since the record high abortion rate recorded in 1980, the rate for females age 10 to 17 has decreased by more than 70 percent (from 13.4 to 4.0 per 1,000 females).

Figures 4-3 and 4-4 present the historical pattern of the result of pregnancies (birth and abortion). As Figure 4-4 indicates, teens are more likely to carry a pregnancy to term now than they were in 1980. Since 1980, the younger the teen, the more likely the pregnancy would be terminated. However, even among teens under 15, over half of the pregnancies resulted in a live birth in 2002. [Table 4-2; Figure 4-4].

**Abortion rates for teens
age 10 to 17 decreased
13.0 percent from 2001**

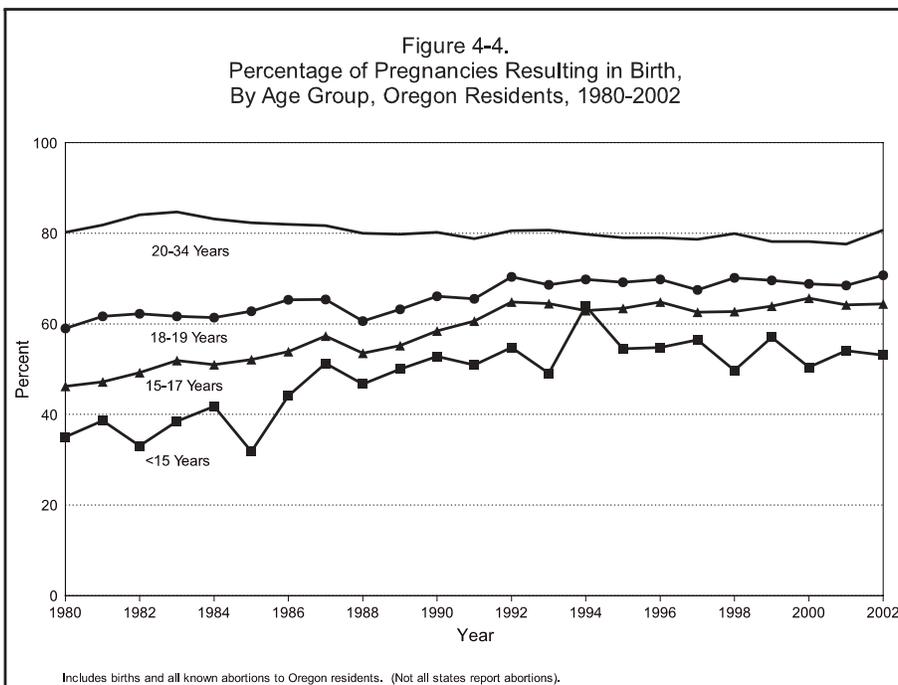


OREGON FEMALES 18-19

In 2002, the pregnancy rate for Oregonians age 18 to 19 was 90.8 per 1,000 females, a 10.1 percent decrease from 2001. Comparisons with the 2001 figures show decreases in both the birth rate (7.2%) and the abortion rate (16.4%) among women age 18 to 19. [Table 4-1].

Abortion rates for teens age 18 to 19 fell 16.4 percent.

Of the 4,387 pregnancies to women age 18 to 19, 70.7 percent (3,103) resulted in birth. [Figure 4-4]. It was the first child for 74.8 percent of the women giving birth.



OREGON RATES VS. U.S. RATES

In Oregon, the birth rate among 15- to 19-year-olds (commonly used in historical and national comparisons) decreased 9.3 percent in 2002 (36.2 vs. 39.9 per 1,000 females in 2001). [Table 4-1]. The 2002 rate was 34.4 percent lower than the 1991 rate of 55.2 per 1,000, which is the highest rate recorded during the past quarter century. [Figure 4-5].

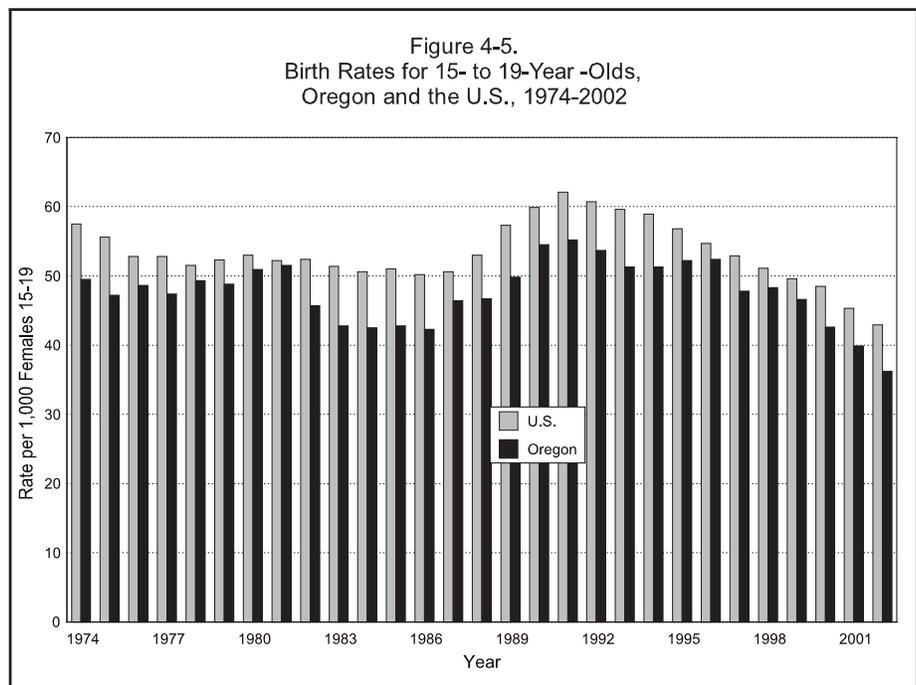
Oregon's 2002 birth rate for 15- to 19-year-old teens was 15.8 percent below the national rate (36.2 vs. 43.0 per 1,000 females, see sidebar). Oregon's lower teen birth rate may be attributed in large part to its demographic characteristics. Historically, African American and Hispanic populations have had higher teen birth rates and have been under-represented in the state. Oregon's diversity, however, is increasing. Between the 1990 and the 2000 census, the proportion of Hispanic residents doubled from 4 percent to 8 percent while the proportion of racial minorities was relatively unchanged.¹ During this same ten year period, Oregon's teen pregnancy rate for 15- to 19-year-olds fell from 86.0 per 1,000 females in 1990 to 52.6 in 2002, a 38.8 percent decrease. [Table 4-1]. (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.
	2002	2001	2002
10-17	7.0	8.0	NA
10-14	0.4	0.6	0.7
15-17	17.7	20.4	23.2
18-19	64.2	69.2	72.8
15-19	36.2	39.9	43.0

¹ All rates per 1,000 females.

LEVEL OF INFANT HEALTH Low Birthweight

Whether reflecting premature delivery or small size for gestational age, the low birthweight (LBW) rate (less than 2,500 grams or 5.5 pounds) is the best single measure of health



for newborn infants. Changes in the low birthweight rate of a group might indicate aggregate changes in the mothers' personal behavior during pregnancy or other conditions that affect fetal health such as nutrition or access to prenatal care.

In 2002, the low birthweight rate for teen mothers age 15-19 was 66.9 per 1,000 births (Table 4-4), a 1.7% increase from 2001. For 15- to 17-year-olds, the rate (71.2 per 1,000) decreased by 13.1 percent. The teen rate for low birthweight remained higher than those for mothers age 20 and older (56.8 per 1,000). [Table 2-28]. The difference in the low birthweight rates between the two groups has been persistent. [Figure 4-6].

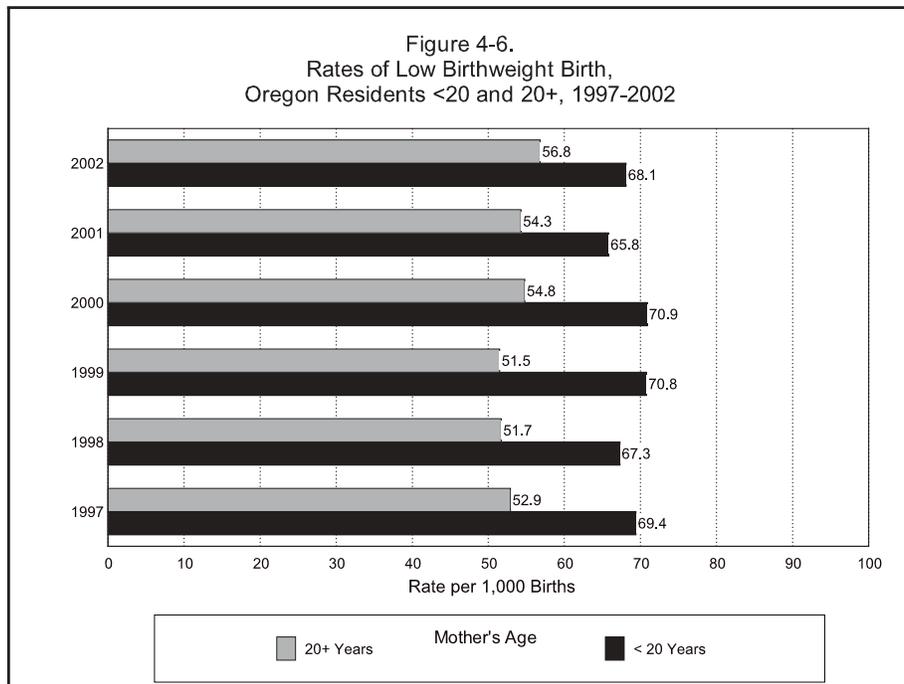
Race and Ethnicity

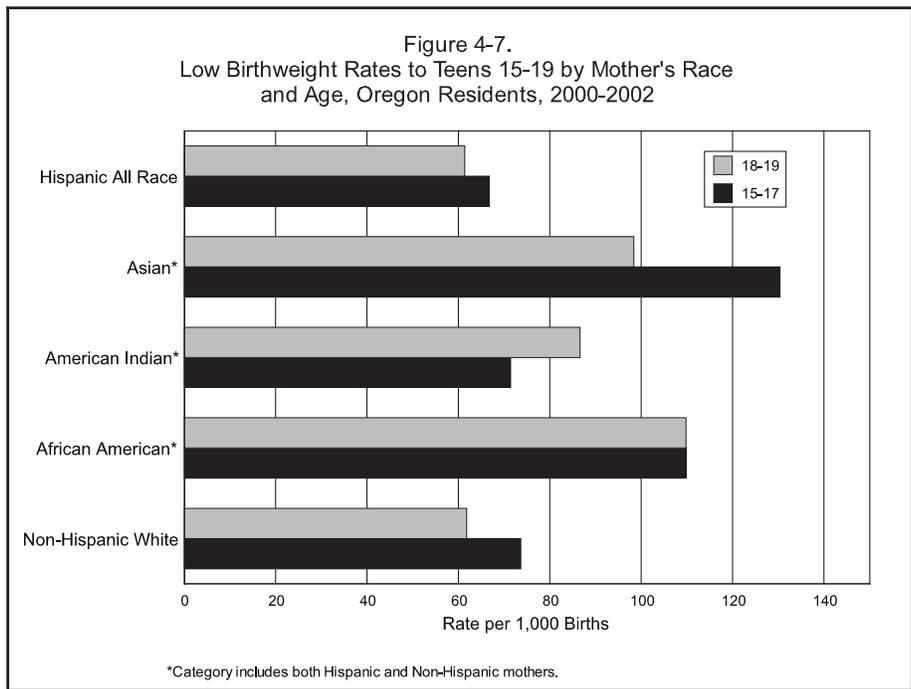
Demographic factors such as race, ethnicity, and marital status combine with age to influence the likelihood that a teenager will receive early prenatal care. In 2002, for example, 55.5 percent of unmarried Hispanics age 15-17 started prenatal care during their first trimester, compared to 74.6 percent of married non-Hispanic whites age 18-19. [Table 4-4].

Low birthweight rates to teen mothers by racial/ethnic grouping are displayed in the sidebar and in Table 4-4. Between 2001 and 2002, the rate of low birthweight for Hispanic teens age 15-17 decreased by 7.6 percent, but increased by 5.2 percent for those age 18-19. Among non-Hispanic, non-white groups, the low birthweight rate for teens age 15-17 remained the same but increased by 18.7 percent for those age 18-19 (see sidebar).

Low Birthweight Rates ¹ By Race/Ethnicity and Age, 2002		
Race/Ethnicity	Age	
	15-17	18-19
Rates		
Non-Hispanic White	65.4	63.4
Hispanic (All Races)	66.8	59.1
Non-hispanic, Non white	116.7	97.8
Percent Change, 2002 vs. 2001		
Non-Hispanic White	-20.0	10.8
Hispanic (All Races)	-7.6	5.2
Non-hispanic, Non white	0	18.7

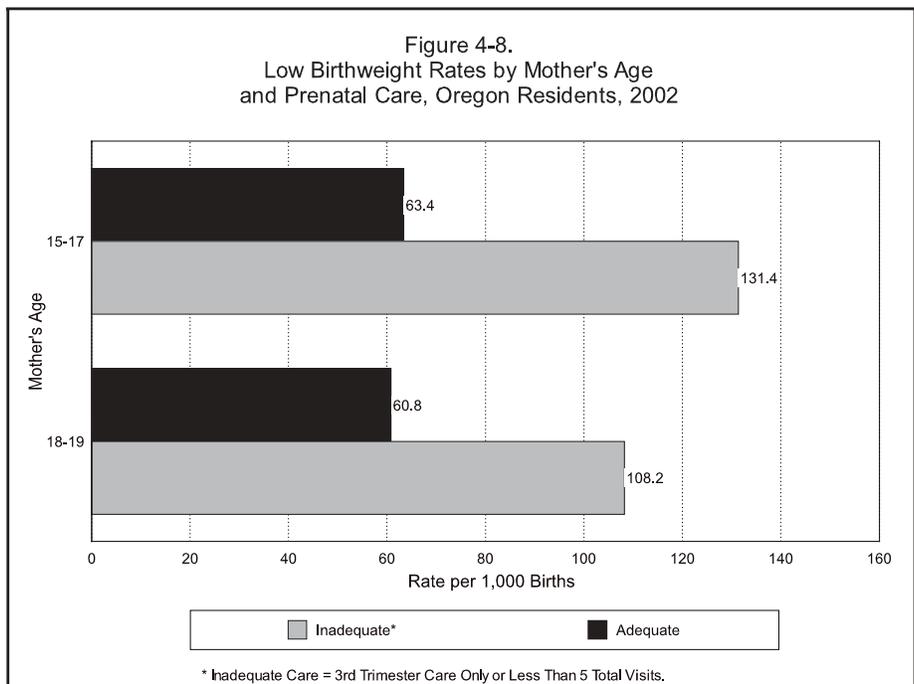
¹ All rates per 1,000 births.





Prenatal Care

Table 4-3 shows the association between inadequate prenatal care and frequency of low birthweight infants among teens who gave birth in 2002. Among mothers age 15-19, those who received inadequate prenatal care were more likely to have low birthweight babies than those who had received adequate care (116.0 vs. 61.6 per 1,000 live births). Figure 4-8 shows low birthweight rates per 1,000 live births by adequate and inadequate prenatal care. For mothers 15-17, the rates were 63.4 vs. 131.4; for mothers 18-19, they were 60.8 vs. 108.2.



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 the mother and the infant. An Oregon Benchmark goal is that by the year 2010, ninety percent of pregnant women, regardless of age, will begin medical care during the first trimester of pregnancy. Teens are farther from this goal than any other age group: in 2002, only 66.2 percent of teens giving birth started prenatal care during the first trimester compared to 83.3 percent for women age 20 and older (see sidebar). Only 61.0 percent of those under age 18 received early prenatal care, a slight increase from 60.5 percent in 2001. [Table 4-10].

Inadequate Prenatal Care

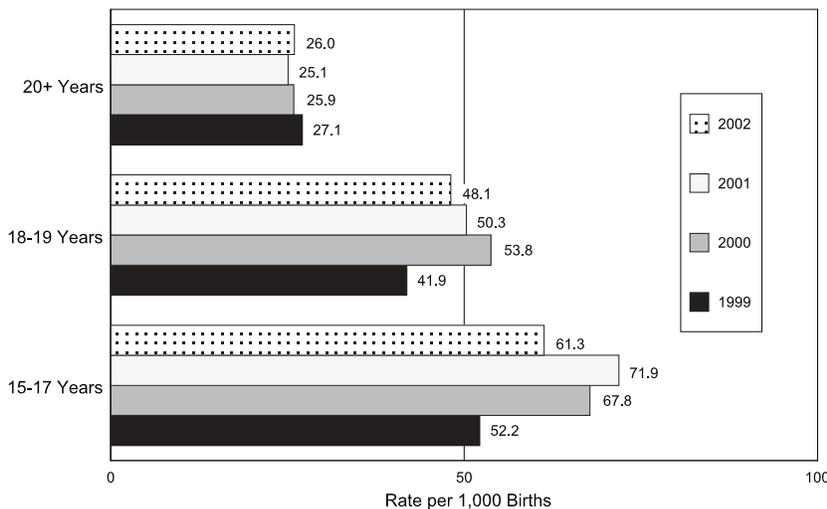
Inadequate prenatal care has been defined as care that begins after the second trimester of pregnancy, or that involves fewer than five prenatal visits. By this measure, 10.5 percent of 15- to 17- year-old teens and 8.7 percent of 18- to 19- year-old teens received inadequate prenatal care in 2002. This compares with 4.8 percent of women age 20 or older that received inadequate care. [Table 4-10]. The proportion of women under age 20 who received inadequate prenatal care decreased by 2.1 percent in 2002, declining from 9.6 percent in 2001 to 9.4 percent.

Late Care and No Prenatal Care

The proportion of teens age 15-17 who began prenatal care during the third trimester decreased 14.7 percent to 61.3 per 1,000 live births in 2002. [Figure 4-9]. Teens under age 18 are

Oregon Benchmark: First Trimester Prenatal Care, 2002	
Year 2010 Goal: 90%	
All Women	81.6%
All Teens	66.2%
10-17 Years	61.0%
18-19 Years	68.5%
20 + Years	83.3%

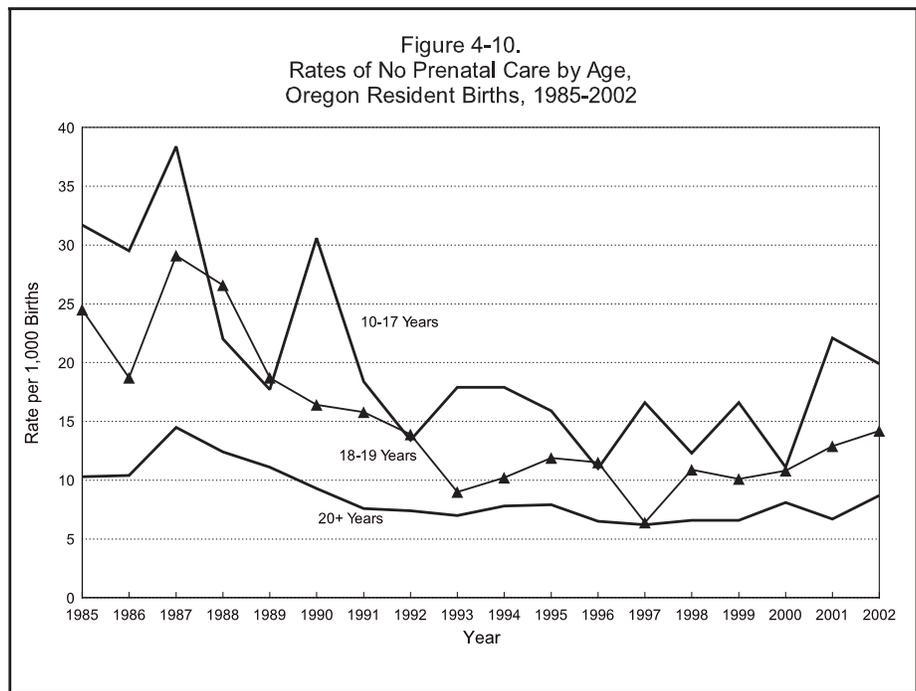
Figure 4-9.
Rates of Late Prenatal Care,
by Age Group Oregon Residents, 1999-2002



Late Prenatal Care = Care began during third trimester. Calculations exclude births with unknown prenatal care.

Low Birthweight Rates ¹ By Mother's Age and Smoking Status, Oregon, 2002		
	< 20	20+
Nonsmokers	64.8	53.1
Smokers	76.2	81.6

¹ All rates per 1,000 births.



more likely than older women to go through pregnancy without a single visit to a medical provider; in 2002, the rate of no prenatal care among teens under age 18 was 19.9 per 1,000 live births, more than two times the rate of women age 20 and older (8.7 per 1,000 live births). [Figure 4-10.]

Low Apgar Score

The Apgar score recorded by the birth attendant five minutes after birth provides another measure of infant health at time of delivery. A score of less than seven is considered low and indicates that an infant is at greater than normal risk for morbidity and mortality. The 2002 low Apgar rate for newborns of mothers age 10-19 was 18.4 per 1,000 births (Table 4-9), a 17.1 percent decrease from 2001 (22.2 per 1,000). The low Apgar rate for infants born to women under age 20 was 9.6 percent higher than the rate for infants born to women 20 years or older (15.6).

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. The legal age to purchase or possess alcohol in Oregon is 21 years old. The legal age to purchase tobacco products is age 18.

Tobacco

Teens age 15 to 19 were almost twice as likely to report smoking during pregnancy than were women age 20 and over (22.9% vs. 11.5%). [Table 4-9]. Women who smoked during pregnancy were more likely to have low birthweight babies than

nonsmokers. Mothers age 20 or older show the greatest difference between low birthweight rates by tobacco use (81.6 vs. 53.1 per 1,000 live births). However, this is in part because the low birthweight rate for teen mothers is already much higher than that of women age 20 and older (see sidebar, page 4-8). Tobacco use remains one of the most important preventable causes of low birthweight infants for teen mothers.

Alcohol

Reported alcohol use by teens age 15 to 19 during pregnancy increased from 9.2 per 1,000 live births in 2001 to 11.4 in 2002, an increase of 23.9 percent. Teens age 15 to 19 were 18.4 percent less likely to report the use of alcohol during pregnancy than were women age 20 and over (11.4 vs. 13.5 per 1,000 births). [Table 4-9]. Alcohol use for women age 20 and over increased 36.4 percent, from 9.9 per 1,000 live births in 2001 to 13.5 in 2002.

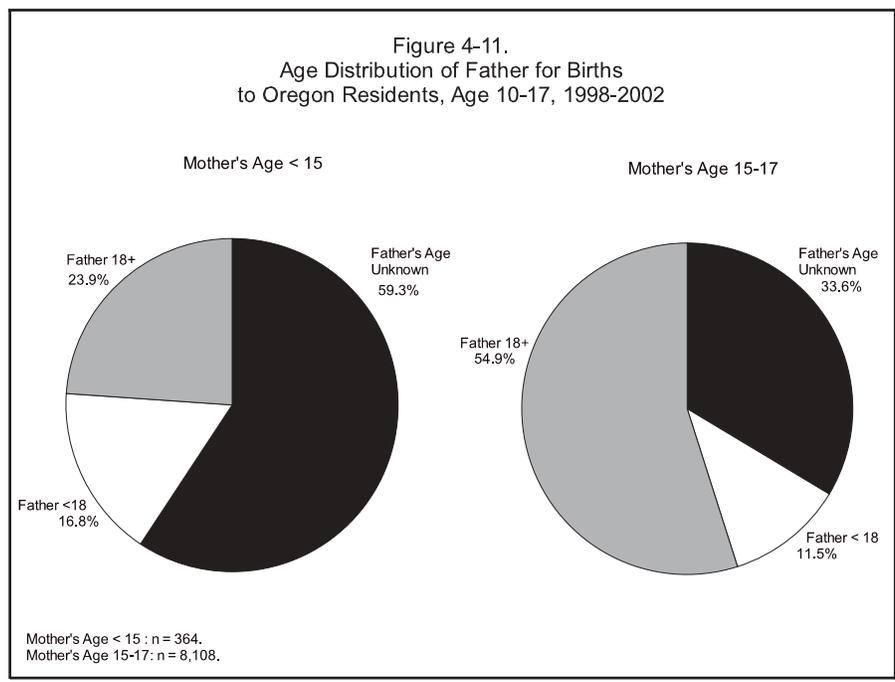
SOURCE OF PAYMENT

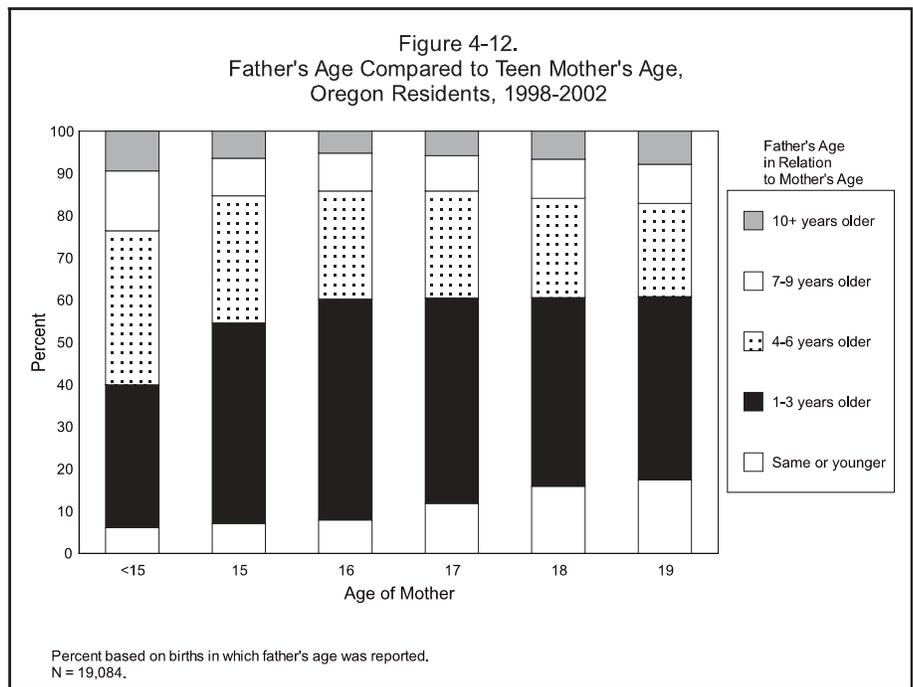
Costs associated with births to teen mothers were more than twice as likely to be paid with public funds as births to older women. In 2002, Medicaid paid for 69.1 percent of births to teens (under age 20) and 34.3 percent of births to women age 20 and older where payor source was reported. [Table 4-10].

**Medicaid paid for
69.1 percent of
births to teens.**

AGE OF FATHER

During 1998-2002, 34.7 percent of birth records for babies born to teens age 10 to 17 didn't indicate father's age, because the father wasn't identified on the certificate. [Figure 4-11, Table 4-13]. Over half (59.3%) of the birth records where mother was under age 15 did not list father's age. Where father's age was reported for teen mothers under age 15, 41.2 percent were younger than age 18 and 58.8 percent were age 18 or older. Birth records for mothers age 15 to 17 report father's age for 66.4





percent of the births. Where father's age was reported, 17.3 percent of fathers were under age 18 and 82.7 percent were age 18 or older.

For all teens, including the youngest mothers (age less than 15 years), the father was more than six years older than the mother in 16 percent of the births for the 1998–2002 period where father's age was reported. This difference in ages ranged from a low of 14.2 percent of births to 16 and 17 year-old mothers to a high of 23.6 for teens less than 15 years old. [Figure 4-12].

ENDNOTE

1 Source: U.S. Census Bureau, Census 2000, Table DP-1.