



Births to Youth Aged 15-17 Years

Teen Mothers

Giving birth during adolescence has substantial short and long term impacts on girls. These include health, emotional, social, and financial costs:

- Only 38 percent of mothers who had a child before 18 years of age received a high school diploma by 22 years, versus approximately 60 percent of mothers who had a child at 18-19 years and 90% percent of women who had not given birth during adolescence.¹
- Teen moms are more likely than older moms to have postpartum depression.²

Nearly 1 in 5 births to teen mothers, ages 15 to 19, is a repeat birth. Repeat births further reduce the mother's ability to achieve an education or gain employment.³

The highest rates of teen birth are among non-Hispanic blacks and Hispanics/Latinas. Rates also are high among youth of all races and ethnicities who are socioeconomically disadvantaged.⁴

Impact on Baby

Children born to teen mothers may experience a wide range of problems such as

- being born low birth weight and dying as infants;
- having lower emotional support and cognitive stimulation;
- being less prepared to learn when entering kindergarten;
- having behavioral problems and chronic medical conditions;
- heavier reliance on publicly funded health care; and
- higher rates of foster care placement.⁵

In adolescence and early adulthood, these children are more likely to

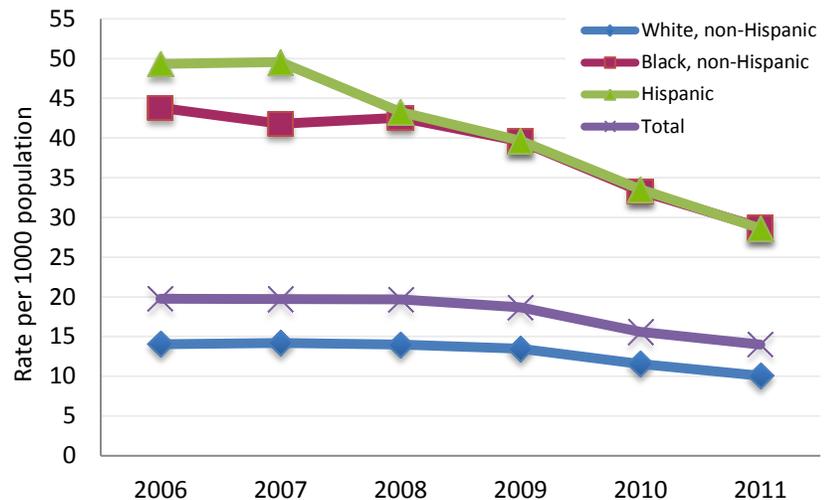
- be incarcerated;
- have lower school achievement and drop out of high school;
- give birth as a teen; and
- be unemployed or underemployed.⁵

Costs to Ohio

In Ohio in 2008, taxpayer costs associated with children born to teen mothers included:

- \$76 million for public health care (Medicaid/CHIP)
- \$121 million for child welfare; and, for children who have reached adolescence or young adulthood
- \$81 million for increased rates of incarceration
- and \$111 million in lost tax revenue due to decreased earnings and spending.⁶

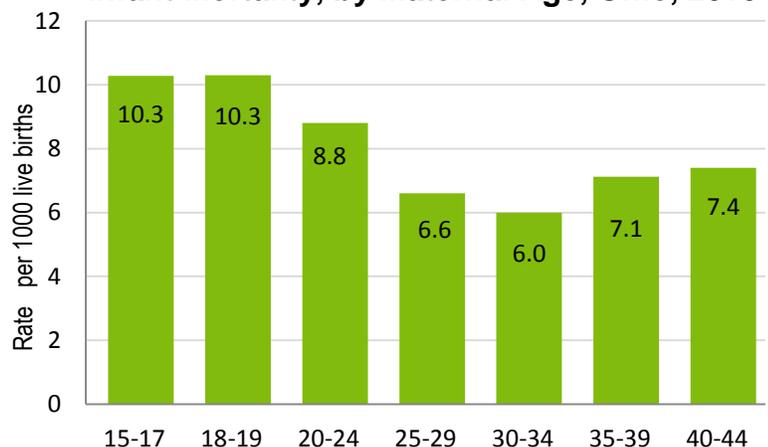
Trends in Teen (15-17) Births, by Race and Ethnicity, Ohio, 2006-2011



Source: Ohio Department of Health Vital Statistics

- The birth rate among Ohio adolescents age 15-17 has steadily declined from 19.8 in 2006 to 14 in 2011 ($p < .01$).
- The decrease is significant among all racial/ethnic groups studied.
- In 2011, both black and Hispanic teens were 2.9 times as likely as white teens to give birth. This ratio has decreased only slightly since 2006, when Hispanic teens were 3.5 times as likely and black teens were 3.1 times as likely.
- Ohio trends are consistent with national teen birth rates,⁷ which some attribute to strong teen pregnancy prevention messages.⁸
- Ohio's 2010 rate of 16.0 for teen (15-17) births was lower than the national rate of 17.3.⁷

Infant Mortality, by Maternal Age, Ohio, 2010

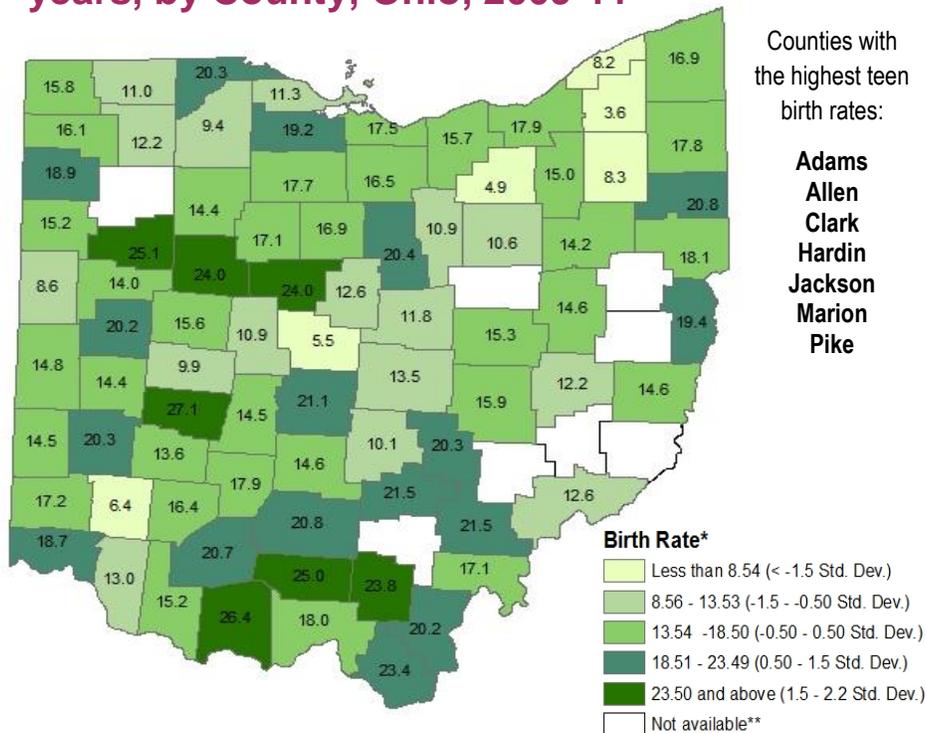


Source: Ohio Department of Health Vital Statistics

- Infants born to teen mothers aged 15-17 and 18-19 in Ohio have a mortality rate of 10.3, significantly greater than infants born to older mothers ($p < .0001$).

Birth Rate to Adolescents aged 15-17 years, by County, Ohio, 2009-11

Source: Ohio Department of Vital Health Statistics and U.S. census 2010 data



*Birth Rates are per 1,000 females aged 15-17 years. **Rates based on less than 20 observations may be unstable and are not reported.

Teen Birth Rate for the State of Ohio 2009-2011: 16.3 per 1,000 females aged 15-17 years. The mean of the county birth rates on which the standard deviations were based (map key) was 16.0 per 1,000 females aged 15-17 years.

Risk Behaviors for Teen Pregnancy and Birth

The 2011 Youth Risk Behavior Survey⁹ indicates that among female Ohio high school students:

43.3% had sexual intercourse with at least one person in the last 3 months

4.3% had sexual intercourse for the first time before age 13 years

15.8% had sexual intercourse with four or more persons during their life

74.6% of sexually active female students used some form of contraception to prevent pregnancy during last sexual intercourse

12.5% drank alcohol or used drugs before last sexual intercourse

Other recent national data show increased use of contraception at first sex and use of dual methods (condoms and hormonal methods) among sexually active teens.⁸

Ohio

What is Being Done in Ohio to Prevent Teen Pregnancy?

CDC has identified teen pregnancy prevention as a Winnable Battle. CDC's Winnable Battles have been chosen based on the magnitude of the health problems and our ability to make significant progress in improving outcomes.

Ohio's State Health Improvement Plan 2012-14 was developed by a multi-sectorial council of more than 40 state and local public health and healthcare representatives. As a strategy for decreasing infant mortality and disparities in birth outcomes, the plan aims to continue the decreasing trend in birth rate among teens. Five specific tactics, including increasing parent and teen communication, were identified and can be found in the full report:

<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/lhd/Ohio%202012-14%20SHIP.ashx>

The state of Ohio has several initiatives to aid in the decrease of teen pregnancies, which include:

- o providing community-based teen pregnancy prevention programming that offers developmentally appropriate education around abstinence and comprehensive sexual health;
- o training frontline staff in foster care and juvenile justice settings through the Personal Responsibility and Education Program (PREP);
- o increasing the proportion of clients served by the Reproductive Health and Wellness Program (RHWP), who are aged 15 through 17 years; and
- o providing evidence-based comprehensive reproductive health and wellness education to persons under age 18 through RHWP.

References:

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