

Teen Pregnancy Prevention: Research-Based Policy Recommendations for Executive and Legislative Officials in 2017

Teen pregnancy and birth rates have been declining since 1990; the most recent reports found all-time-low rates of [teen pregnancy](#) and [abortion](#). The U.S. teen birth rate—at [22.3 births per 1,000 teens in 2015](#)—is down by almost half since 2007 and by almost two thirds since 1991. Continuing current investments in identifying, scaling up, and replicating evidence-based programs can help our nation sustain this [momentum](#).

State of the research

Despite the overall declines in teen pregnancies and births, an estimated [1 in 4 teen girls will become pregnant before they reach age 20, and 11 percent will have a baby](#). About [77 percent of teen pregnancies](#) are unintended. Teen birth rates differ by geographic region, indicating a need to target prevention efforts to particular communities. There are especially high rates of teen births in many [southern states](#) including Arkansas, Oklahoma, Mississippi, and New Mexico; in [rural areas](#); and in areas with a high concentration of [low-income and racial/ethnic minority](#) populations. In general, African American and Hispanic teen birth rates are [more than double](#) those of their white counterparts, although there have been large declines in rates for all racial and ethnic groups.



The [implications of early childbearing for the mother and child are substantial](#). Teen parents are at a [greater risk of dropping out of school](#) and being dependent on welfare than their peers. Children of teen parents are more likely to be born at a [low birth weight](#) and have poorer [educational and behavioral outcomes](#) than children born to older mothers. Societal costs are also considerable: the National Campaign to Prevent Teen and Unplanned Pregnancy estimated [the cost](#) of teen births to taxpayers at \$9.4 billion in 2010, due to health care costs, the child's increased risk of incarceration or foster care, and lost tax revenue. In general, each child born to a teen parent costs taxpayers an average of \$1,682 per year until the child is 15. Thus, the decline in teen pregnancy rates between 1991 and 2010 resulted in an estimated [\\$12 billion in savings](#). Research finds that policies to prevent unintended pregnancy have [greater financial benefit than cost](#), which implies that these are sound public investments. Reductions in teen pregnancies have also led to dramatic reductions in [abortions](#).

State of the field

Federal efforts to scale up and replicate [evidence-based programs to reduce risky sexual behaviors and teen pregnancy](#) have undergone a significant expansion in recent years. Today, there are 44 [federally-identified](#) and [evidence-based programs](#) available, including abstinence education, comprehensive sex education, youth development, clinic-based family planning, and parent involvement programs. These programs have found impacts on teen pregnancy or its key determinants (e.g., delaying sex and improving contraceptive use).

Since 2010, the Family & Youth and Services Bureau's (FYSB) [Personal Responsibility Education Program](#) (PREP) and the Office of Adolescent Health (OAH) have supported states, tribes, and communities in implementing and scaling up evidence-based teen pregnancy prevention programs. PREP also has required grantees to provide adult preparation programming. Effective teen pregnancy prevention [programs have been implemented with](#) high-risk populations, including youth in foster care, youth in juvenile detention, runaway and homeless youth, and tribal youth. There are [PREP grantees](#) in every state and over 50 [OAH grantees](#) in communities across the country.

Federal agencies have also tested locally developed, innovative approaches to teen pregnancy prevention. FYSB administers the [Personal Responsibility Education Program Innovative Strategies](#) to evaluate innovative models targeting at-risk populations, while the [Centers for Disease Control and Prevention](#) works with OAH to test innovative strategies specifically designed for [young males ages 15 to 24](#). Several of these programs have proven [effective at reducing teen pregnancy](#) and been added to the [evidence list](#).

FYSB is currently funding 21 community organizations to implement the [Sexual Risk Avoidance Education](#) program that educates youth about voluntarily refraining from non-marital sexual activity, and preventing other youth risk behaviors. Additionally, [Title V State Abstinence Education](#) funding supports abstinence education and mentoring, counseling, and adult supervision programs that promote abstinence. Title V grants fund programs in 39 states and territories.

Nearly 17 percent of [teen births are repeat teen births](#) (rapid subsequent births to young mothers). However, relatively limited evidence exists about approaches that are effective at reducing subsequent births to teen parents. To remedy this issue, as well as provide other

critical supports to young parents, OAH's [Pregnancy Assistance Fund](#) funds state efforts to support pregnant and parenting teens and young adults.

[Title X Family Planning](#) grants provide funding for state and local health departments and non-profit family planning and community health agencies. In 2015, [Title X programs served over 4 million individuals](#), of whom 18 percent (706,540) were teens. The majority of clients have incomes at or below the federal poverty level. Nearly half (48 percent) of family planning clients were uninsured.

Our recommendations

Maintain federal leadership and investment in teen pregnancy prevention programs. There is [strong bipartisan support](#) for implementing evidence-based teen pregnancy prevention programs. Here are our recommendations to continue the downward trend in teen pregnancies, abortions, and births:

- 1. Identify and scale up evidence-based teen pregnancy prevention programs.** In order to continue declines in teen pregnancy, and to reduce disparities in rates, states and communities should be supported in continued efforts to implement evidence-based programs. To provide communities with a range of evidence-based options and information about how to scale up effective programs, we should continue to identify which programs and practices are effective.
- 2. Support and test new and innovative local approaches.** While there are 44 evidence-based programs available, gaps remain. Innovative programs are needed to serve [hard-to-reach teens](#), such as older teens, teens living in rural areas, and low-income and minority populations, and they require rigorous evaluations in local communities to understand their effectiveness.
- 3. Address the reproductive health needs of teen parents.** In addition to focusing on the prevention of a first teen birth, program development and evaluation should continue to target reducing rapid subsequent births to young parents.
- 4. Enable federal grantees to implement evidence-based teen pregnancy prevention approaches that are consistent with their communities' needs and values.** Communities differ in their pregnancy prevention needs and their receptivity to different approaches. We recommend that communities continue to have the option to choose from an assortment of evidence-based programs tailored to their populations.