



NCHS Data on Teenage Pregnancy

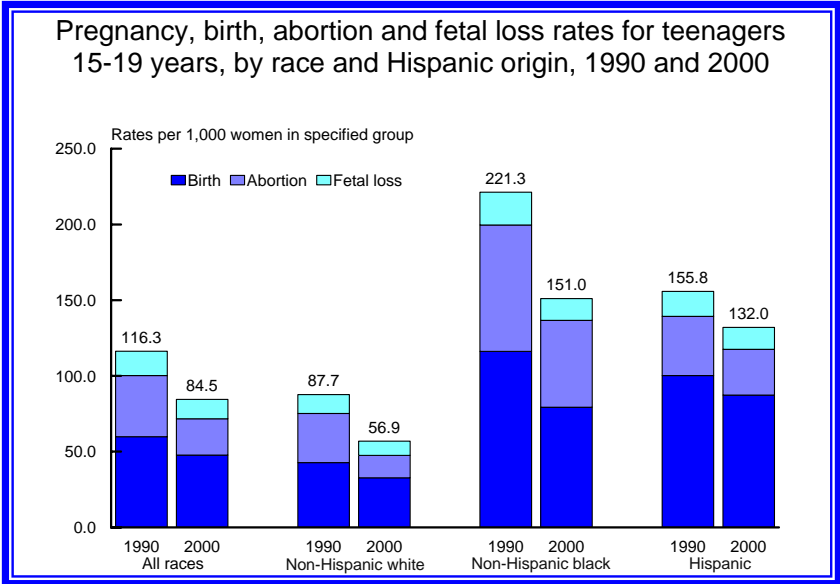
About NCHS

The CDC's National Center for Health Statistics (NCHS) is the nation's principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions.

Collaborating with other public and private health partners, NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. This process provides multiple perspectives to help understand the population's health, influences on health, and health outcomes.

Overview

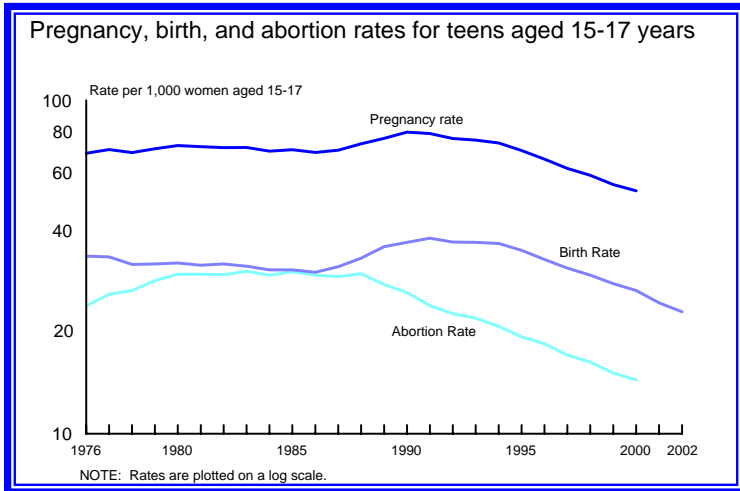
Teenage pregnancy rates dropped 27 percent overall during the decade 1990-2000. The rate in 1990, 116.3 pregnancies per 1,000 women aged 15-19 years, was the highest ever reported since this series of national estimates was inaugurated in 1976. This means that 11.6 percent of US teens had a pregnancy that ended in 1990. By 2000, the rate had fallen to 84.5 per 1,000, or 8.4 percent. The rate for 2000 is the lowest reported since 1976. Despite the steady declines, US teenage pregnancy rates are still among the highest among industrialized nations.



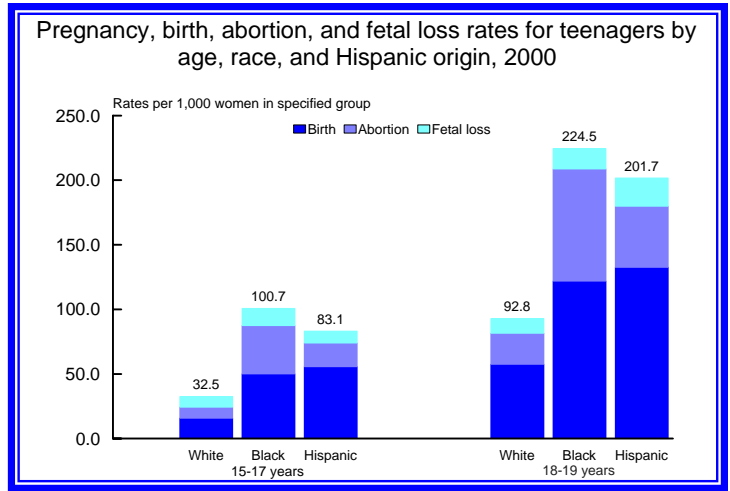
Source: Estimated pregnancy rates for the United States, 1990-2000: An update. National Vital Statistics Reports, vol 52, no.23. 2004.

Trends in Teen Pregnancy by Age

The declines in teenage pregnancy have been much steeper for younger than for older teenagers. The rate for teenagers 15-17 years fell a third from 1990 to 2000, from 80.3 to 53.5 per 1,000. The rate for older teens dropped one-fifth, from 162.4 to 129.9. The rates in 2000 for these age subgroups were also record lows for the Nation. Estimates of pregnancy rates are also available for the youngest teenagers, under 15 years. The rate for this group (10-14 years) has fallen as well from its 1990 peak of 3.5 per 1,000 to 2.1 in 2000.



Sources: Estimated pregnancy rates for the United States, 1990-2000: An update. National Vital Statistics Reports, vol 52, no. 23. 2004. Births: Final Data for 2002. National Vital Statistics Reports, vol 52, no. 10. 2003.



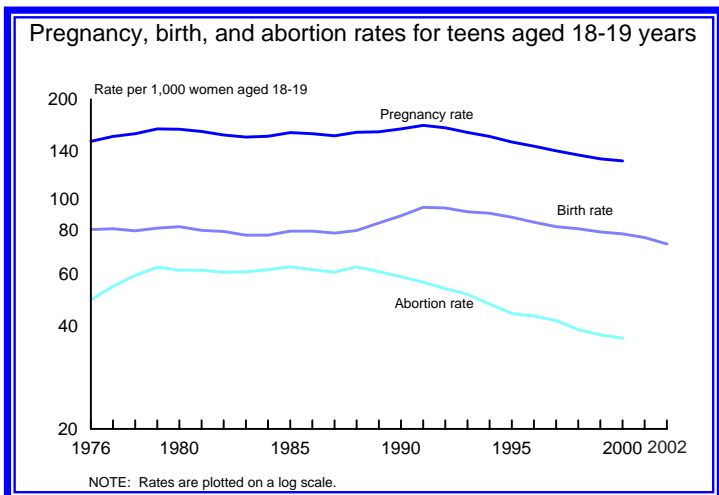
Source: Estimated pregnancy rates for the United States, 1990-2000: An update. National Vital Statistics Reports, vol 52, no. 23. 2004.

Changes in Pregnancy Rates by Outcome

An examination of the components of the pregnancy rates for teenagers shows that rates have fallen for all components. The birth rate fell by 20 percent and the abortion rate, by 40 percent, between 1990 and 2000. Further, the birth rate has continued to fall, and has now declined 28 percent from 1990 to 2002.

Overall, just over half of pregnancies among teenagers end in live birth, about three in ten end in induced abortion, and one in seven ends in fetal loss. Pregnancies among older teenagers are more likely to end in a live birth than are pregnancies among younger teenagers.

Birth and abortion rates fell for non-Hispanic white and black teenagers and for Hispanic teenagers throughout the decade. The declines in birth and abortion rates were 23 and 54 percent respectively, for white teenagers; 32 and 31 percent respectively, for black teenagers; and 13 and 23 percent respectively, for Hispanic teenagers.



Sources: Estimated pregnancy rates for the United States, 1990-2000: An update. National Vital Statistics Reports, vol 52, no. 23. 2004. Births: Final Data for 2002. National Vital Statistics Reports, vol 52, no. 10. 2003.

Rates by Race and Hispanic Origin

Rates have fallen steeply for white and black non-Hispanic teenagers, by about a third for each. The rate for Hispanic teenagers has declined as well, by 15 percent. While all groups have experienced declines in teenage pregnancy, the rates for black and Hispanic women in 2000 were at least twice the rates for white women.

Factors Accounting for the Recent Declines in Teenage Pregnancy

A number of factors may have played a role in accounting for the recent reductions in US teenage pregnancy rates. Changes in sexual activity and the use of contraception by sexually active teenagers have likely been important. A report of the most recent Youth Risk Behavior Survey conducted by CDC in 2001 finds declines in the proportions of teenagers who have ever had sex and who have had multiple partners, along with increases in condom use among sexually active teenagers. Since the early 1990s, many public and privately sponsored efforts have focused teenagers' attention on the importance of pregnancy prevention through abstinence and responsible behavior. Findings from Cycle 6 of NCHS' National Survey of Family Growth (available later in 2004) are expected to help explain the trends and variations in pregnancy rates and the behavioral, social, and economic factors that account for them.

Teenage Pregnancy Data Sources

NCHS and its partners employ a variety of data collection mechanisms to obtain accurate information from multiple sources. They include:

- **National Vital Statistics System** – collects information from birth certificates in all 50 states and the District of Columbia, including detailed age and race/ethnicity characteristics. Because all births are part of this database, it provides the detail needed for monitoring teenage pregnancy and for research on differentials. (<http://www.cdc.gov/nchs/births.htm>)
- **National Survey of Family Growth (NSFG)** – is the Nation's leading source of reliable national data on topics related to birth and pregnancy histories, sexual activity, contraception and fertility, HIV risk behaviors, and marriage, divorce, and cohabitation. The NSFG is conducted through confidential personal interviews. Pregnancy history data from the NSFG are the source of information on fetal loss that is incorporated in the teen pregnancy rates. The NSFG provides critical information on behavioral and social patterns that may affect teen sexual behavior. (<http://www.cdc.gov/nchs/nsfg.htm>)
- **CDC's Abortion Surveillance System** – CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) collects summary data on abortions from most State health departments. Information is collected on several patient characteristics, including age, race, Hispanic origin, and marital status. (<http://www.cdc.gov/mmwr/PDF/ss/ss5212.pdf>)
- **The Alan Guttmacher Institute (AGI)** - The Alan Guttmacher Institute compiles national totals of abortions from their surveys of all known abortion providers. The AGI national totals are distributed by patient characteristics (i.e., age, race, Hispanic origin, marital status) according to CDC/NCCDPHP's tabulations. (http://www.agi-usa.org/pubs/state_pregnancy_trends.pdf)

Challenges in Monitoring Teen Pregnancy

Measuring and tracking teenage pregnancy is challenging because of the need to aggregate data from three independent data sources:

- **birth data**, which are subject to the most rigorous quality control and evaluation, are the most timely data, and are available for State-level and sub-State analysis;
- **summary data on induced abortion**, collected from information provided on the “Induced Termination of Pregnancy Report” form. While most States mandate the collection of information on abortions, the resources needed to do so are often inadequate; and
- **fetal losses**, reported in the vital registration system, but only for those losses occurring at 20 weeks or longer gestation. The vast majority of fetal losses occur early in pregnancy. Currently, the only available source for this information is NCHS’ National Survey of Family Growth (NSFG), conducted approximately every 6 to 7 years.

The data on fetal loss used in this document are from Cycle 5 of the NSFG collected in 1995. The option of conducting the NSFG on a continuous basis rather than periodically is under consideration. This would make it possible to update the estimates of fetal loss on a more regular and frequent basis. Continuous interviewing would also make it possible to track changes in behavioral and social patterns that may affect teen sexual behavior.