



A SNAPSHOT OF

BIRTHS TO TEENAGERS

The scope of the problem

In the past 10 years, the birth rate among girls in Georgia 15 to 19 years old declined 25 percent – from 70.6 births per 1,000 girls in 1994 to 53.3 in 2004. During the same time period, the teen birth rate for non-Hispanic whites declined 26 percent. The decline in the teen birth rate among non-Hispanic African-Americans was even steeper, going down 39 percent. Both the number and rate of teen births have increased for Hispanics; exact amounts are unknown due to lack of data on the growth of this population.

Birth rates among teens age 15-19, Georgia, 1994-2004

	Black (non-Hispanic)		White (non-Hispanic)		Hispanic		Total for Georgia	
	#	Rate	#	Rate	#	Rate	#	Rate
1994	8,826	104.0	7,571	50.7	617	91.7	17,328	70.6
1995	8,781	99.0	7,795	51.2	790	99.6	17,720	69.7
1996	8,554	92.1	7,717	49.4	967	104.3	17,640	66.8
1997	8,705	90.5	7,665	48.2	1,053	97.5	17,843	65.5
1998	8,418	85.4	7,836	48.4	1,197	99.4	17,855	63.9
1999	8,168	81.8	7,769	47.6	1,575	116.0	17,996	63.4
2000	8,081	81.9	7,392	45.8	1,992	131.0	17,937	62.6
2001	7,564	76.3	7,028	43.0	2,216	149.7	17,273	60.0
2002	7,053	70.4	6,349	38.3	2,328	152.4	16,253	55.6
2003	6,713	65.6	6,269	37.3	2,344	152.1	15,847	53.4
2004	6,797	63.0	6,303	37.6	2,567	153.1	16,159	53.3

- More than 25 percent of all pregnancies among teens ages 15-19 are repeat pregnancies
- Today, more teen mothers are unmarried than in past generations. In 2004, 80 percent of teens that gave birth were not married, compared to 75 percent in 1994 and 51 percent during the '80s. Single-parent families, especially young families, are at a greater risk of emotional and financial instability
- Births to 10-14-year-olds make up two percent of all teen births and have been declining. Despite this good news, pregnancy in this age group is a serious public health concern. In 2004, 538 girls ages 10-14 became pregnant and 315 gave birth
- Medicaid covered the costs of prenatal care and delivery for 84 percent of teens giving birth in Georgia in 2002.

Social Costs

- State funds also pay for special services for high-risk mothers and babies, including the costs of premature births, child abuse, day care, health care, foster care, education for children with mental and physical disabilities, and training for mothers who receive public assistance
- Children born to teen mothers are twice as likely to be victims of abuse or neglect

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Progress

Teen birth rates have gone down both in Georgia and nationally. Georgia has made significant progress in reducing teen birth and its associated personal and economic costs. Despite the good news that the rates are declining, Georgia must continue to reduce the teen birth rate even further by reducing sexual activity among unmarried teens. Early sexual activity greatly increases the rates of sexually transmitted diseases, which are most prevalent among youth. Unintended pregnancies, particularly occurring at very early stages in a woman's reproductive years, often have adverse health, social, or economic consequences for the woman and her child. Teen pregnancy and out-of-wedlock parenting is linked to poverty and welfare dependency. Teenage mothers are increasingly likely to be unmarried, drop out of school, and rely on Temporary Assistance to Needy Families (TANF). Their children are more likely to require care for health problems and disabilities.

What is the Georgia Department of Community Health Doing?

Preventing teenage pregnancy is critical to the vision of the Georgia Department of Community Health (DCH): Georgians living safe, healthy, and self-reliant lives. In Georgia, 50 percent of the families on TANF were started by a teenage parent; 40 percent of Georgia families were started by a single parent, teenage parent, or high school dropout. About 16,500 Georgians under the age of 20 gave birth in 2004.

During 1997, the Georgia General Assembly appropriated \$9 million in state and federal funds for a teenage pregnancy prevention initiative to be implemented beginning in FY1998 by the Georgia Department of Community Health.

Together with Workfirst, the aim of the teenage pregnancy prevention initiative is to prevent welfare dependency and improve economic opportunity and responsible parenting. Through this initiative, the Office of Adolescent Health and Youth Development (AHYD) was established. AHYD program strategies and activities are an integral part of the Georgia Maternal Child Health System, Family and Children Services, and other state, county, and community agencies.

Located in the DCH, Division of Public Health, Family Health Branch, AHYD offers a comprehensive program addressing a wide range of risk-taking behaviors including substance abuse, violence, tobacco use, obesity, and teen sexual activity before marriage. AHYD-funded programs and services build on the strengths or "assets" of individual youth, their families, and individual communities; promote optimism about the futures of the youth it serves, and provide youth with important skills so that they can resist peer pressure and make healthy choices.

Goal and Objective

The goal of Georgia's teenage pregnancy prevention initiative is to help adolescents grow up healthy, educated, connected to their families and communities, and employable. By the year 2010, the program objective is to reduce the birth rate to girls ages 15-19 by 15 percent. The 2004 rate was 53.3 births for every 1,000 girls.

Strategies

Research shows that successful pregnancy prevention programs address the broad range of social and economic factors that affect teen behavior. No single approach is effective by itself. AHYD funds teen pregnancy prevention programs and services in communities throughout Georgia. AHYD funds 31 *Teen Center Programs* located in 28 counties, 16 *Community Partnership Programs* in 13 health districts, and 6 district *Medicaid Outreach Programs*. AHYD program strategies and activities are an integral part of the Georgia Maternal Child Health (MCH) system of services. The state office provides ongoing program monitoring, technical assistance and training to district and program staff. AHYD program strategies and activities include:

- *Coordinated district adolescent health services.* District and county health departments actively partner with other local youth organizations/providers to cosponsor health education and promotion events and to assure that youth have access to needed services and opportunities within their communities (e.g., legal services; food and housing assistance, dental services; tutoring and academic support; entrepreneurship; mental health counseling; youth development, physical activity, socialization, mentoring and related services). AHYD supports these local partnerships and collaborations by providing funding for a District Youth Development Coordinator (YDC) in all 18 public health districts in Georgia. Annual plans demonstrate local collaboration
- *Comprehensive adolescent health services.* DHR funds 31 teen center programs to provide

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comprehensive prevention services, including abstinence education; drug and alcohol prevention education; counseling; and adolescent health services, including screening and treatment. Access to routine preventive healthcare can prevent costly complications in the future. Services are often placed in teenfriendly facilities and in locations such as shopping centers, welfare offices, community centers, and mobile units (vans) that go to places where teens feel comfortable. Most of the youth who come to the centers do so with the knowledge of their parents. The teens come with a wide variety of needs. They may ask for information, attend abstinence classes, learn to improve their reaction to stress and conflict, get advice on nutrition and physical activity, obtain sports physicals, be tested for a sexually transmitted disease or pregnancy, join a support group, or just have someone to talk to. These programs also provide youth access to screening for health problems and provide or link them with needed services such as immunizations and physicals. They hear about centers from their parents, other teens, school staff, caseworkers, community members, and outreach workers. Programs also pair pregnant teens with experienced mothers to encourage the young women to access prenatal care, provide them with information and resources to care for their babies, and prevent additional unplanned pregnancies. AHYD teen center programs are also funded to conduct male involvement education

- **Abstinence education.** Abstinence is the primary prevention method promoted across AHYD-funded programs. Abstinence education emphasizes sexual abstinence as the best choice for all teens to prevent pregnancy and sexually transmitted diseases. AHYD teen center programs are funded to conduct “abstinence until marriage” education in conjunction with the DHR Teen Center Pregnancy and STD/HIV Prevention Policy (September 2004)
- **Outreach and community referral.** Adolescent Health and Youth Development programs coordinate with other agencies to assist adolescents and their families who are in need of AHYD services to obtain accurate information and easy access. Specially trained staff with firsthand knowledge of and experience with the challenges faced by many teens at-risk are available. In addition, AHYD collaborates with the Office of Community Services to conduct outreach to uninsured youth, to assist eligible youth and their families with enrollment in Peachcare/Medicaid health care coverage, and to link them to a medical home. Currently six districts receive this funding including: Dalton, Fulton, DeKalb, Valdosta, Albany, and Liberty/Coastal District. Linking youth, particularly those at high-risk, to a regular provider or “medical home” represents a critical opportunity to positively effect their health and quality of life
- **Parent education and involvement.** Information and education programs are available to help parents strengthen their parenting and communication skills, build strong bonds with their teen and understand the developmental changes specific to adolescence. Each DHR teen center program has established a Parent Advisory Committee (PAC) to provide parents a meaningful way to participate in planning decision-making, and opportunities for positive health promotion in the community
- **Faith/health community partnerships.** AHYD has formed a partnership with members of the faith community, holding conferences with community faith and public health leadership to engage them to work together for positive youth development and health promotion. In conjunction with the Emory Interfaith Health Program, Rollins School of Public Health, DHR has developed a CD entitled Empowering Congregations As Resources for Adolescent Health and Youth Development, which provides information, tools, and online resources to help communities develop healthy youth. The CD is available through AHYD.

For more information about Georgia’s Adolescent Health and Youth Development programs, call 404-463-5107 or visit <http://health.state.ga.us/programs/adolescent/>. To access teen pregnancy rates by health district or county for years 1994 through 2004, visit the OASIS (Online Analytical Statistical Information System) web query tool at <http://oasis.state.ga.us/oasis/qryMCH.aspx>.