

Report On
**Adolescent Pregnancy
In Utah**

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Executive Summary

Adolescent pregnancy is a persistent health and social problem in Utah that has serious consequences for individuals and the community. Pregnancy during the teen years poses health problems for mothers and their infants. Teen pregnancy increases a family's chances of living in poverty (especially compared with married adults who start families after age 20), and results in high social costs for health care and public assistance. Teen pregnancy may result in: induced abortions, inadequate prenatal care, repeat births before age 20, proportionally higher rates of low birth weight infants and infant mortality, subsequent infant illnesses and/or disabilities, low educational attainment and low marriage rates.

Risks

- Studies conducted in other states have found that 60% of pregnant teens were molested, raped or were victims of an attempted rape before they became pregnant.
- Utah studies show that adolescents who earn “C” or lower school grades, who smoke tobacco, drink alcohol or get high on drugs, and who date steadily are more likely to be sexually active.

Sexual Activity

- Teen pregnancy rates in Utah most likely reflect the level of sexual activity among adolescents. One-third of Utah high school students reported that they were non-virgins in 1988.
- Regional and national data from 1993 show that about one-half of high school students are non-virgins and over 33% regularly engage in sex.
- Rates of some sexually transmitted diseases (STDs) have more than doubled in the Utah teen population (both sexes) between 1988 and 1992.

Prevention

- Utah’s public school-based adolescent pregnancy prevention programs stress sexual abstinence. There is no known published evidence regarding the effectiveness of these curricula in preventing teen pregnancy in Utah. National studies suggest that abstinence-based curricula may delay the initiation of sexual activity among teens who are at low risk of becoming pregnant. These programs have not been shown to be effective in preventing pregnancy among high-risk adolescents.
- The evidence shows that family planning services are being used more frequently by teens. The Planned Parenthood Association of Utah experienced a growth rate of 130% among teens using services from 1980 to 1994.

Fathers

- Fathers in cases of teen pregnancy are generally not themselves teens; 63% of Utah infant’s fathers are 20 years of age or older when the mother is 15-19 years of age.

Prenatal Care

- As many as 35% of pregnant teens made nine or fewer visits with their prenatal health care provider before delivery, probably because many entered prenatal care late or delivered their infants early.
- Compared to other states, Utah has a better than average record for reaching pregnant teens with prenatal care. Over half of Utah pregnant teens get adequate prenatal care. However, Utah teens continue to have more unhealthy outcomes than older mothers.

Birth Rates

- Teen births in Utah account for approximately 11% of all births in the state. In 1997, adolescents ages 15-19 gave birth to over four thousand (4,494) infants. Well over a thousand (1,439) of these children were born to adolescents 17-15 years of age. The 1997 birth rate for teens, ages 15-19, was 44.9 per 1,000 females in this age group. This birth rate has remained fairly stable since the early 1980s.
- The rate of teen births for all races in Utah is slightly lower than the United States rate, however, white teen birth rates are similar. Ninety-four percent (94%) of teens who gave birth in 1994 in Utah were white. African American, Native American and Hispanic origin adolescents had higher reported teen pregnancy rates.
- Teen birth rates in both Utah and the United States are four to five times higher than the rates for many Western European nations.

Outcomes

- Adolescents in Utah are more likely to deliver a low birth weight infant and face infant mortality than women who wait until their twenties or thirties to become mothers.
- Twenty years ago, in Utah, most teen births were to married couples. Today, over half of births to women ages 15-19 occur outside of marriage, a figure reflecting national trends.
- Utah teens are more likely than teens nationwide to resolve an unintended pregnancy with marriage or to relinquish their infants for adoption.
- Utah teens are less likely than teens nationwide to abort their pregnancies.
- Teens who do marry are more likely to divorce than women and men who marry when they are older.
- Black teens are at higher risk for poor pregnancy outcomes than white teens, both in Utah and nationwide.
- About one of every five (23%) of Utah white teen mothers 18-19 years of age gave birth to a second child before turning 20 years of age between 1992 and 1994. This percent is even higher among older teens of some Utah minority groups such as Native Americans (37%) and African-Americans (33%).
- Teen pregnancy can be an obstacle to an adolescent striving to complete her education. Fewer teen mothers (61%) complete high school by age 20 compared with 89% of teens completing high school who have not given birth.

Costs

- In Utah, public government funding (Medicaid) paid the newborn delivery charges for 70% of the births by women ages 18-19. In addition, Medicaid paid the hospital bill for 60% of the deliveries by women ages 15-17. Total costs of these medical expenses are difficult to measure but probably amount to over ten million dollars a year.
- Nationally, over half of all Aid to Families with Dependent Children money goes to households headed by women who give birth to their first child as a teen.

Conclusion

Teen pregnancy is a significant problem in Utah, which ripples into our communities and becomes the source of a host of related social problems. Communities across the state present a diverse pattern of risk factors, behaviors, and community values governing the attractiveness of different prevention strategies. The challenge for Utah communities is to pursue interventions that are consistent with those values, and are effective approaches to identifying and intervening with men and young women at high risk for teen parenthood.

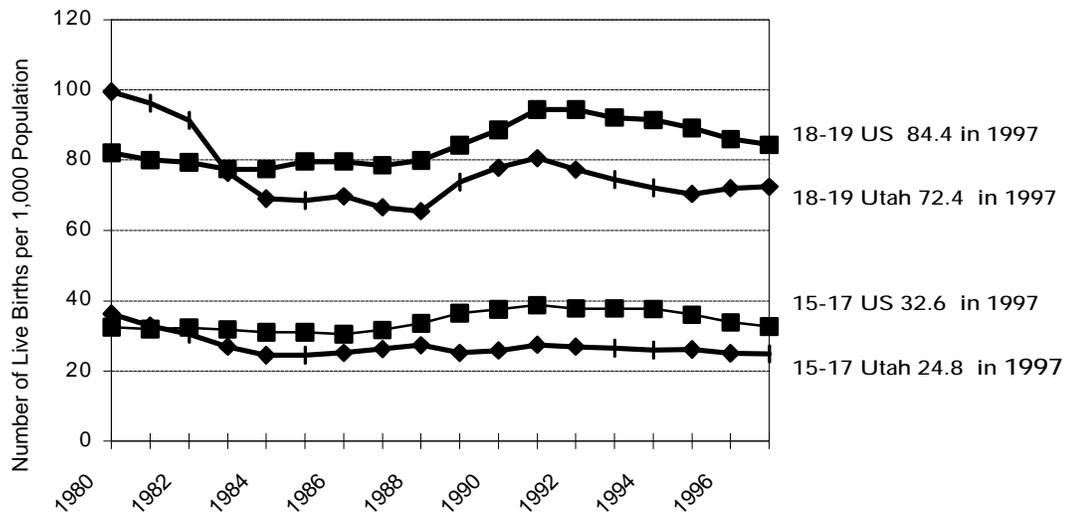
Trends in Live Birth Rates

Over the past 20 years, there has been a larger change in live birth rates for women in Utah 18-19 years of age than among women 15-17 years of age in Utah. In the early 1980s, Utah teens started experiencing lower birth rates than rates recorded for teens nationally.

- Birth rates for females 15-17 years of age have remained stable with about 25 to 27 teens giving birth for every 1,000 in the population since 1983 in Utah.
- For Utah women 18-19 years of age:
 - Birth rates stabilized in the mid 1980s with about 66 to 69 live births for every 1,000 population.
 - Older teens' birth rate started rising again in 1988. The teen birth rate peaked in 1991 at 80.6 births per 1,000 teens, and has since declined to the 1997 rate of 72.4.
- Figure 1.A. shows birth rates for Utah and U.S. women age 15-19 for the years 1980-1997.
 - Since 1984, the teen birth rate in Utah has been approximately 45 births per 1,000 teen women. This is slightly lower than the teen birth rate for the U.S. population.

Figure 1

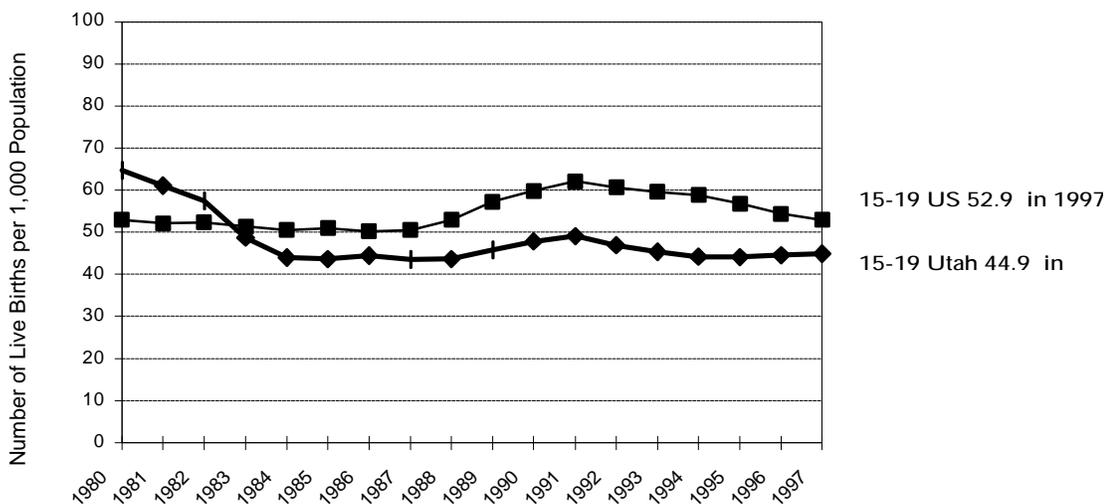
Birth Rates for Females of All Races 15-17 and 18-19 Years of Age Utah and the United States (USA) 1980-1997



Sources: Utah Dept. of Health, Bureau of Vital Records. CDC "Births and Deaths: Preliminary Data for 1997" National Vital Statistics Reports Vol.44. No.4. October 7, 1998.

Figure 1.A.

Birth Rates for Females of All Races 15-19 Years of Age Utah and the United States (USA) 1980-1997



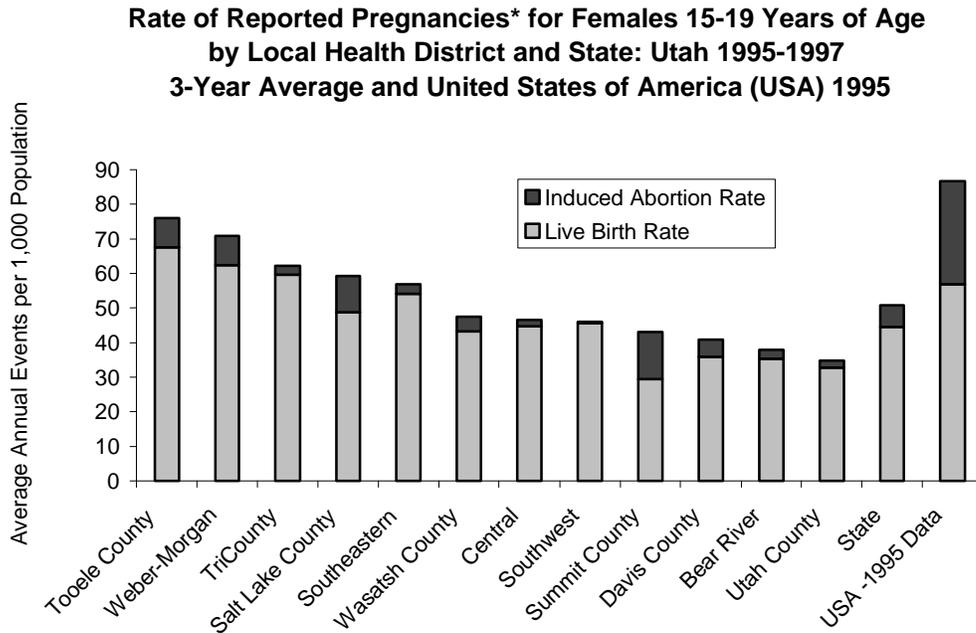
Sources: Utah Dept. of Health, Bureau of Vital Records. CDC "Births and Deaths: Preliminary Data for 1997" National Vital Statistics Reports Vol. 44. No4. October 7, 1998.

Pregnancies

The reported pregnancy rate includes live births and abortions. This rate is probably an underestimate of the actual pregnancy rate because it excludes unreported miscarriages, which are estimated to be 20% of live births and 10% of abortions. Over time, reported teen pregnancies, both those ending in abortion and live birth, have decreased in Utah.

- The rate of reported pregnancies for females 15-19 years of age (per 1,000 population) declined 35% between 1980 and 1994. The 1997 reported pregnancy rate was 44.9 (per 1,000 females age 15-19).
- Tooele County, Weber-Morgan, and Tricounty Local Health Districts (LHDs) led the state in the reported pregnancy rate from 1995-1997.
- A 1986 Utah study showed that adolescents who become pregnant are four times more likely to smoke than teens in the general population.⁸⁷
- Socioeconomic status tends to have an impact on pregnancy and abortion rates: 83% of adolescents that give birth are from poor and low-income situations; and 85% of adolescents that give birth and become unwed parents are also from poor and low-income situations.³
- Higher income teens comprise 62% of all women ages 15-19, yet represent only 17% of adolescents who give birth.³

Figure 2



* This rate probably underestimates total pregnancies since it excludes unreported miscarriages which are estimated as 20% of live births and 10% of abortions. Sources: Utah Dept. of Health, Bureau of Vital Records. (USA Data) The Alan Guttmacher Institute, Special Report 1998, "U.S. Teenage Pregnancy Statistics"

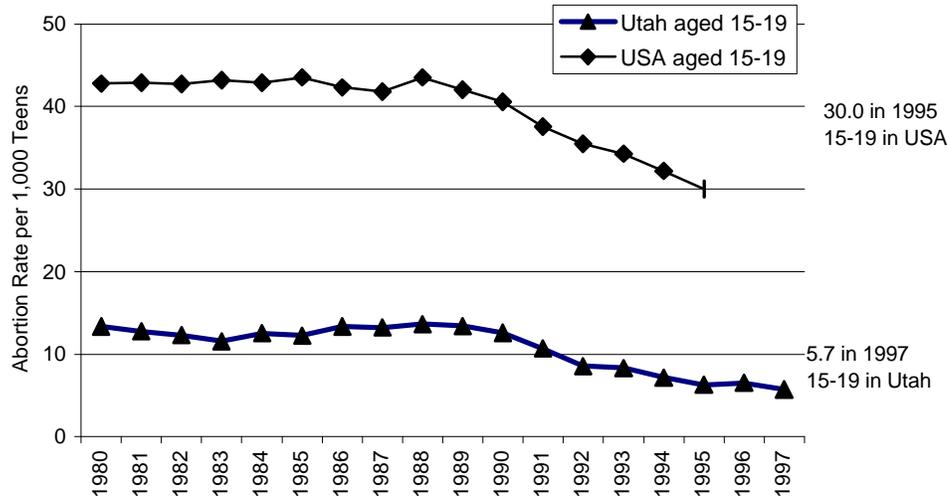
Induced Abortions

Induced abortion is an option for pregnancy among adolescent women. Teenagers tend to have difficulty accessing abortion services since state law requires parental consent. Teens tend to wait to have their pregnancy diagnosed, thus delaying the timing of abortion. Abortion is a safer procedure when performed early in pregnancy.

- Since 1989, abortion rates have declined among Utah women 15-19 years of age.
- In Utah between 1992 and 1994, teens were more likely to abort pregnancies than women 20-44 years of age.
- From 1992-1994, percentages of teen pregnancies resulting in induced abortion are: 29% of teen pregnancies in Summit; 21% in Salt Lake; 16% in Tooele; and 14% in Davis County local health districts.
- In Utah in 1994, among pregnant teens, 18-19 years of age, Native Americans (1.3%) were much less likely to undergo abortions than Whites (11.5%), Blacks (21.2%) or Other Races (27.6%).
- In 1994, 37.2% of Utahns ages 18-19 who had abortions reported no contraception use during the year before conception. In 1991, 34.9% reported no contraceptive use.
- Nationally, few formal evaluations have been done regarding the effect which counseling may have on a pregnant teen's decision between parenthood, abortion, and adoption.⁵⁹

Figure 3

**Abortion Rates for Females 15-19 Years of Age:
United States (USA) and Utah 1980-1997**



Sources: (USA data) The Alan Guttmacher Institute, Special Report 1998, "U.S. Teenage Pregnancy Statistics". (Utah data) Utah Dept. of Health, Bureau of Vital Records

Live Births

In Utah the population of women ages 15-19 has increased 42% from 1980 to 1997, yet the rate of live births declined 31%, from 65.3 to 44.9 live births for every 1,000 teens in this age group. In 1997, 10.5% of Utah infants were born to mothers under 20 years of age.

State Data:

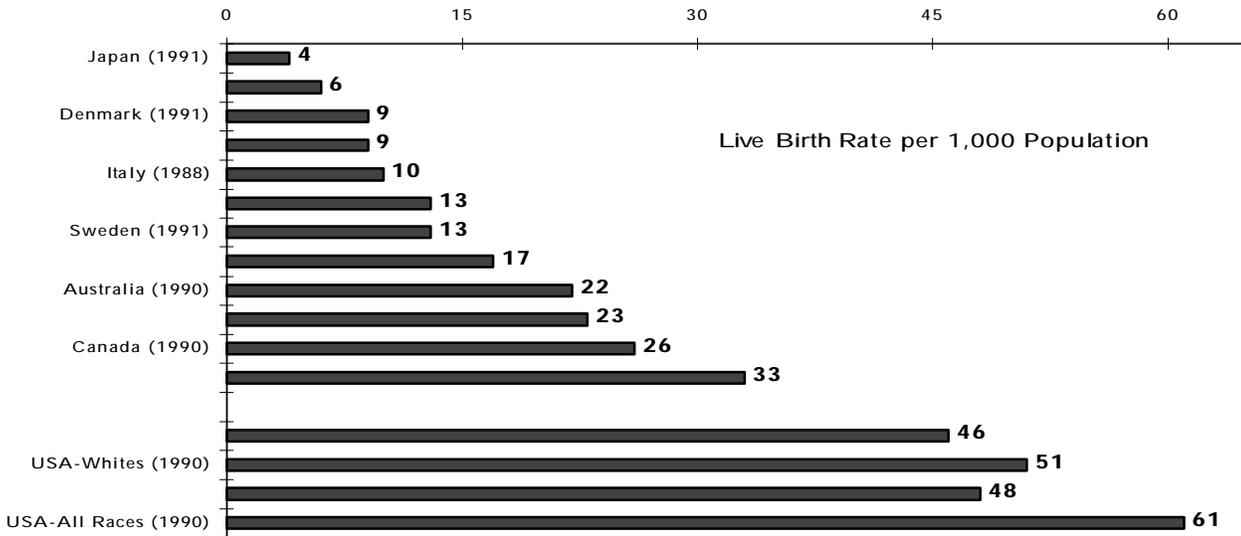
- White Utah teens accounted for 94% of live births to females under age 20 in 1994.
- Adolescent members of some racial and ethnic minority groups showed substantially higher live birth rates compared with non-Hispanic white teens in Utah.
- White Utah teens have a slightly lower birth rate than U.S. white teens, but the rate is still much higher than teen birth rates in other industrialized nations.

National data:

- The birth rate of U.S. teens, age 15-19, declined 4% from 1991 to 1993.¹⁸
- Although 72% of teen births occurred outside of marriage in 1993, unmarried teen births accounted for only 30% of all nonmarital births.¹⁸

Figure 4

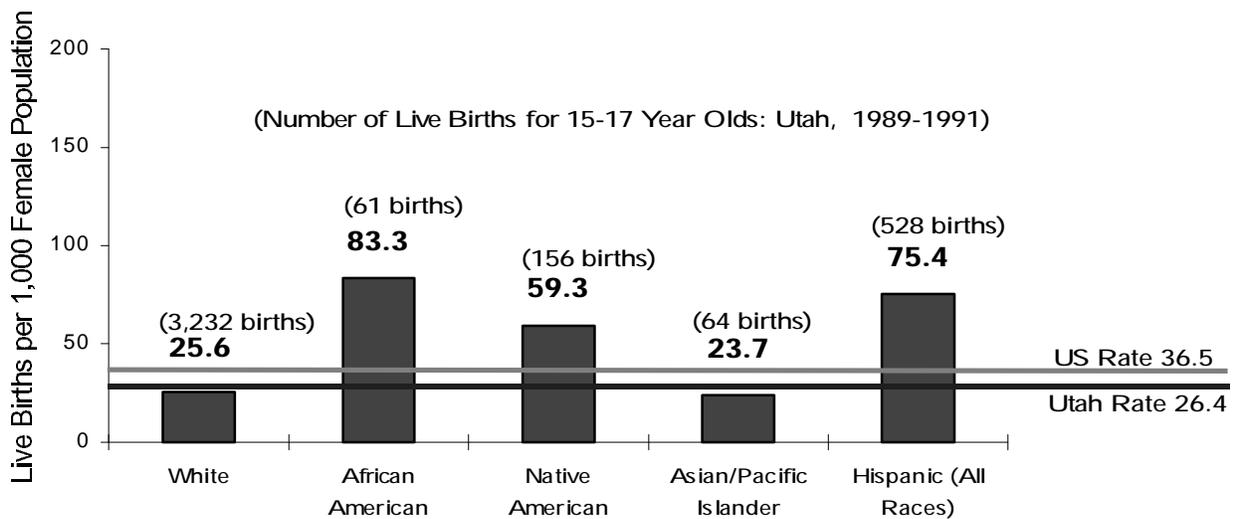
**Live Birth Rate of Females 15-19 Years of Age per 1,000 Population:
Selected Countries, United States of America (USA), and State of Utah**



Sources: Child Trends, Inc., Washington D.C., Facts at a Glance, February and June, 1995. Utah Dept. of Health, Bureau of Vital Records, CDC Final Natality Statistics 1990, and U.S. Census Bureau April 1, 1990 Population by Age and Race, State of Utah

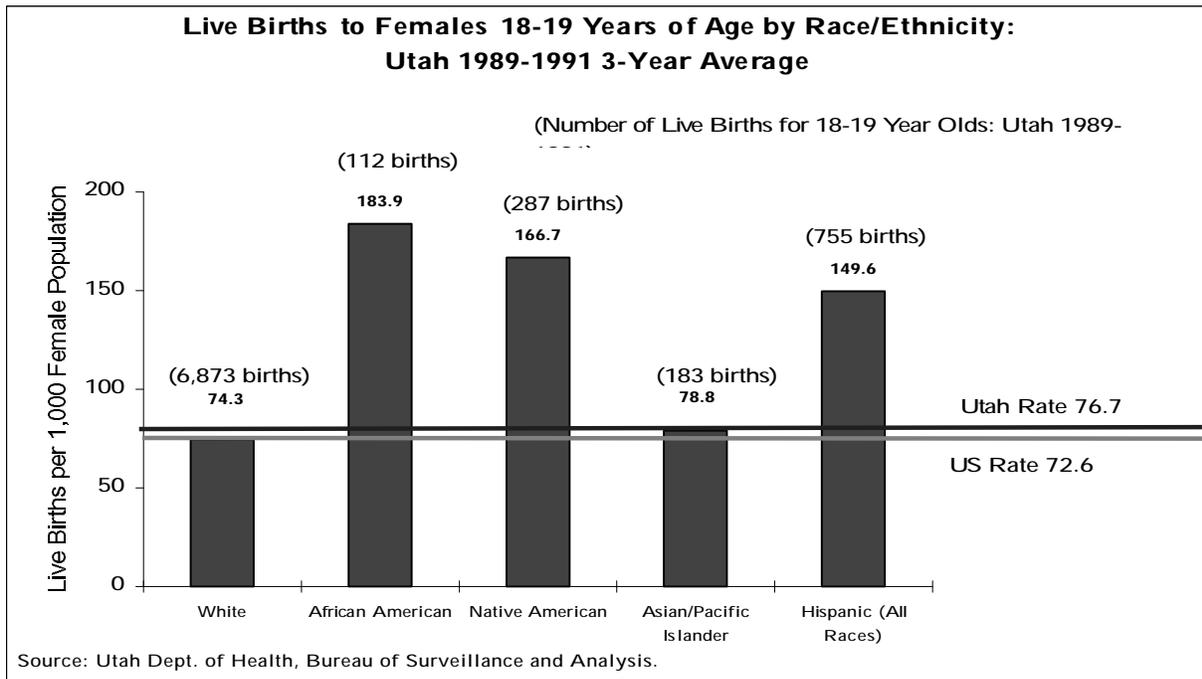
Figure 5

**Live Births to Females 15-17 Years of Age by Race/Ethnicity:
Utah 1989-1991 3-Year Average**



Source: Utah Dept. of Health, Bureau of Surveillance and Analysis.

Figure 6

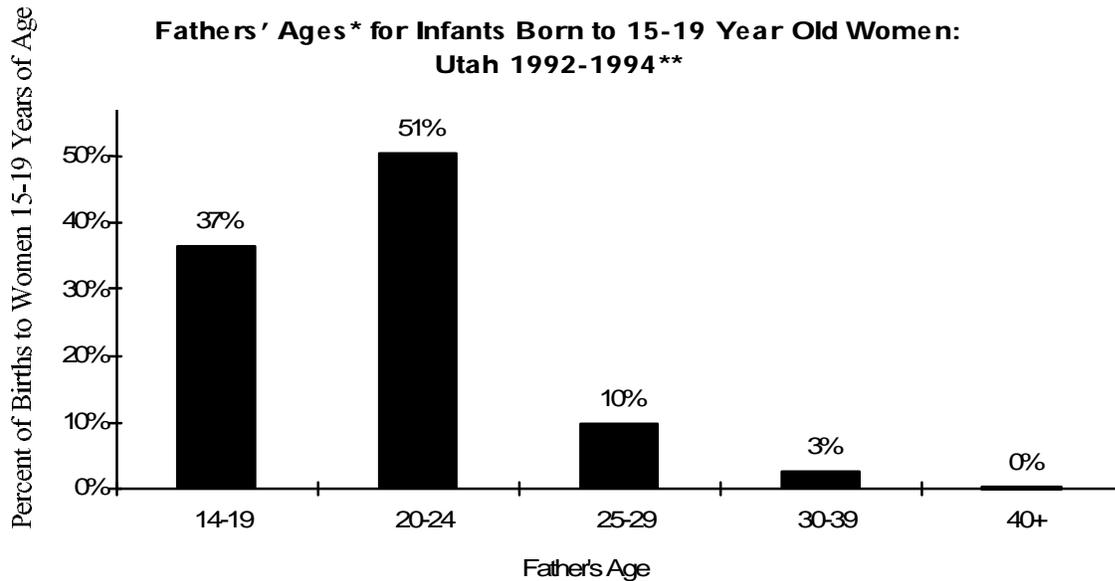


Ages of Infants' Fathers

Many people believe that sexually active teens engage in sexual intercourse with their peers. However, national and state data indicate that many teen women are engaging in sexual activity with adult men who are more than three years older. Other statistics indicate that some teen sexual activity may be unwanted by the young women involved.

- In Utah between 1992 and 1994, birth certificates for adolescent births demonstrate the following:
- Among Utah mothers under 15 years of age, only 37% identified fathers' ages. Older teens — 18-19 years of age — identified the father over three-quarters (77%) of the time.
- About one-third (32%) of Utah birth certificates included little or no information about the father of the infant born to a teen.
- Utah teen mothers averaged 18 years of age. Fathers of the same infants averaged 21 years of age or three years older than the teen mother.
 - Infants' fathers were 20 years of age or older for 41% of births to mothers ages 15-17.
 - Infants' fathers were 20 years of age or older for 73% of births to mothers ages 18-19.
- This age gap between fathers and adolescent mothers in Utah is similar to other states and national figures.⁴⁸

Figure 7



* Graph based on reported data only; 32% of birth certificates for infants born to teens did not report father's age.

** 1993 and 1994 data are provisional.

Source: Utah Dept. of Health, SAS program by B. Nangle, Data Resources, 1992-94 birth certificates.

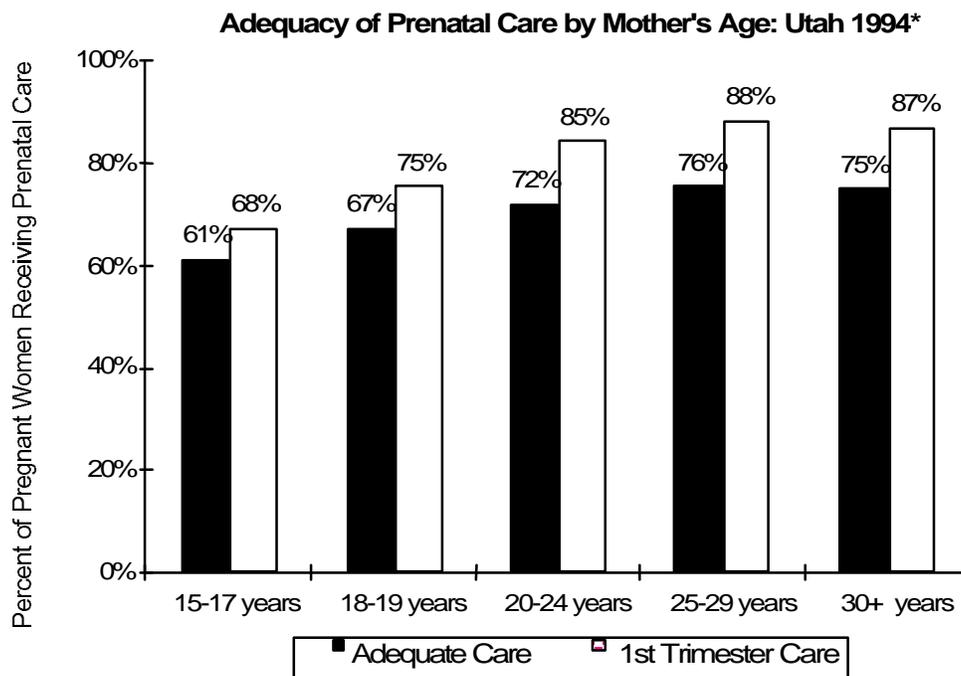
Prenatal Care

Prenatal care has long been recognized as an important contributor to ensuring healthy outcomes for mother and infant. Prenatal care should consist of early and ongoing risk assessment to identify and intervene with factors that may have an impact on pregnancy outcomes. Areas in which prenatal care may be beneficial in detecting risks early include sexually transmitted diseases, diabetes, hypertension, slow fetal growth, high-risk health behaviors such as alcohol, tobacco, and other drug use, and early labor. Assessment of the adequacy of prenatal care includes the timing of entry into prenatal care, the number of visits prior to delivery, and the length of the pregnancy.⁸⁹

For 1994 births to Utah residents:

- Sixty-eight percent (68%) of females 15-17 years of age entered care in the first three months of pregnancy. This percentage compares to 87% or more of all expectant mothers 20 years and older in Utah.
- As many as 35% of pregnant teens made nine or fewer visits with their prenatal health care provider before delivery, probably because many entered prenatal care late or delivered their infants early.

Figure 8



1994 data are provisional. "Adequate prenatal care is based on Kotelchuck amendment to the Kessner Index. For pregnant Utah teens 15-19 years old, about 43% got an "adequate" level of prenatal care while another 22% got "adequate plus" care. Source : Utah Dept. of Health, SAS Program by B. Nangle, 1994 Birth Certificates.

Low Birth Weight

Pregnancy in the teen years poses health risks for the teen mother and her infant. Teen mothers are less likely to receive adequate prenatal care, less likely to gain adequate weight during pregnancy, and more likely to experience anemia and pregnancy-induced hypertension than older pregnant women. Complications during labor and delivery, such as fetal distress, are more commonly reported among teen mothers. Additionally, infants born to teen mothers are at greater risk for low birth weight, preterm delivery, and other complications of the perinatal period. Low weight at birth (infants born weighing less than 2,500 grams or about 5.5 pounds) is related to poor infant health, such as respiratory distress, newborn anemia, neurologic problems, and even death.

According to a **study of Utah teen births** reported in the *New England Journal of Medicine* (April 1995), younger mothers in Utah, ages 13-17, had an increased risk of poor pregnancy outcomes (premature delivery before 37 weeks gestation, low birth weight, or an infant who was small for gestational age) compared with mothers, ages 20-24. These poorer outcomes for teens were unrelated to non-health variables such as educational attainment and marriage.²⁶

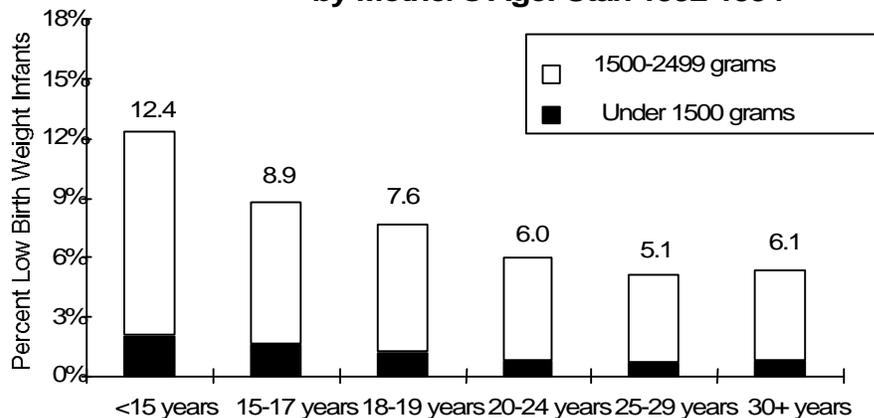
In Utah for 1992-1994 live births:

- Mothers, ages 18-19 had a 25% higher rate of low birth weight (2,500 grams/ 5.5 pounds) infants than the rate born to mothers 20 and older.

- Mothers, ages 15-17 had a 46% higher rate and mothers under 15 had a 103% higher rate of low birth weight infants than mothers 20 and older.
- Mothers under 18 years of age gave birth to very low birth weight infants, weighing less than 1,500 grams (3.3 pounds), nearly twice as often as mothers 20 and older.
- In 1993, the average hospital charge for a very low birth weight infant was \$50,928.

Figure 9

Percent of Infants Born with a Low Birth Weight by Mother's Age: Utah 1992-1994*



*1993 and 1994 data are provisional.
Source: Utah Dept. of Health, Bureau of Vital Records.

Health Problems for Children Born to Teen Mothers

Children from families with parents who were better educated, earned more money, and had a mother older than 20 at her first delivery, had better health (as reported by their parents). The 1988 National Health Interview Survey on Child Health also found that growing up with two continuously married parents had clear advantages for children's overall health status.

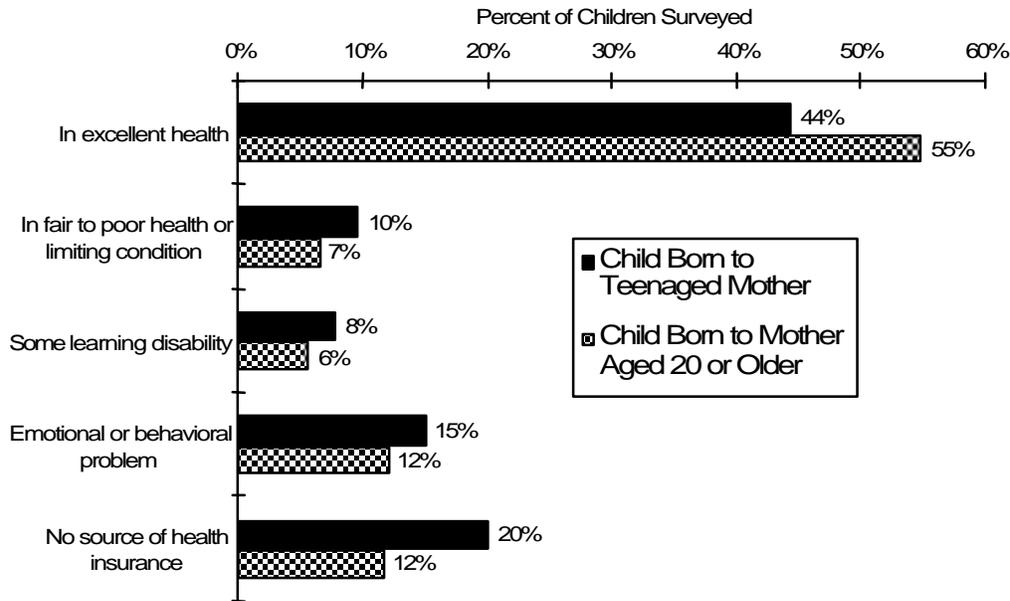
Figure 10 shows some health differences for children born to teen mothers compared with children born to women first bearing children at age 20 or older.

This 1988 national health interview survey found:

- Children born to adolescent mothers are more likely to live with a smoker (56% versus 38%), rarely or never be restrained with seatbelts or child seats (41% versus 25%), and have late or irregular bedtimes (21% versus 16%) as compared to those children born to a mother who is at least 20 years of age.⁷¹
- In 1988, mothers who first gave birth as teens were 44% more likely to have children who were hospitalized for short stays than those children born to older mothers.⁷¹

Figure 10

Selected Health Characteristics of Children Born to Teenage Mothers Versus Children Born to Mothers Aged 20 or Older at First Birth: US 1988



Source: 1988 National Health Interview Survey on Child Health

Infant Mortality

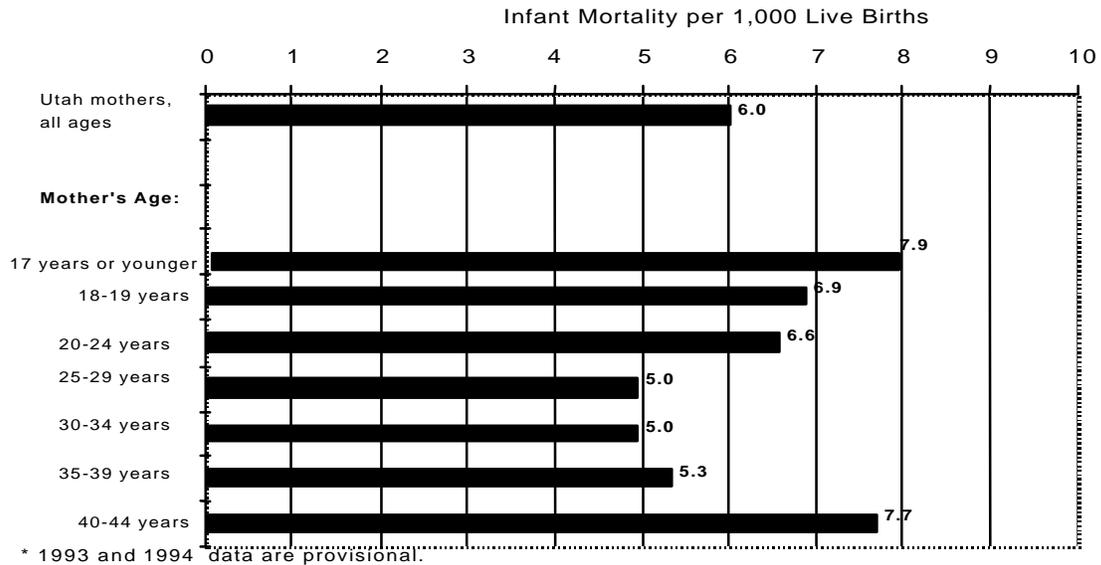
Infant mortality is often used as an indicator of the health of a population. It is related to maternal well being, access to prenatal care, socioeconomic conditions and public health strategies. Utah has ranked as one of the lowest among states in the United States for infant mortality for a number of years. However, there are sub-populations in Utah at higher risk for infant mortality, including adolescent mothers.

In Utah, between 1992 and 1994:

- Infants born to mothers under 18 years of age had a 49% greater incidence of infant death as compared to the infant mortality rate for those born to mothers ages 25 to 39 years of age.
- Utah teens' infants died more frequently from Sudden Infant Death Syndrome (SIDS) than infants born to older mothers. In 1994, although only 11% of the state's births were to adolescent mothers, 19% of infants who died of SIDS were born to mothers under 20 years old.⁷⁵
- Mortality was higher among infants born to adolescent African American mothers in Utah than among infants born to teen mothers who were white or members of other races.

Figure 11

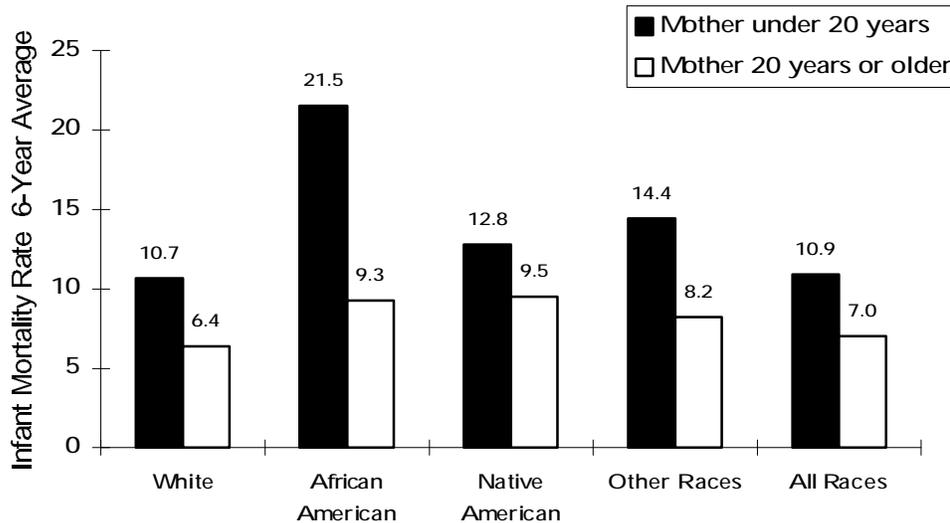
Infant Death Rate per 1,000 Births by Mother's Age: Utah 1992-1994



Source: Utah Dept. of Health, Bureau of Vital Records.

Figure 12

Infant Death Rate per 1,000 Births by Mother's Age and Race: Utah 1989-1994



Note: A 6-year average is used because there are few live births and infant deaths in Utah's minority populations each year. This calculation is higher than the more recent 1992-1994 rates in Figure 11 because fewer infants died in recent years.

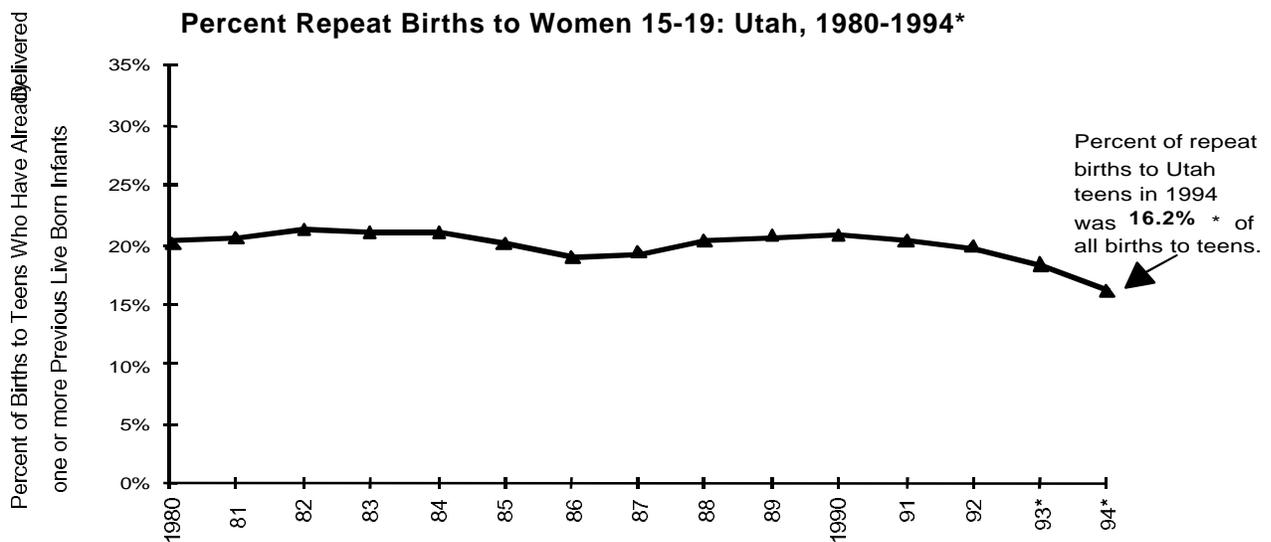
Source: Utah Dept. of Health, Bureau of Vital Records, Linked Infant Birth/Death Files and Erick Henry, Child Fatality Review.

Repeat Births

Teens that have once been pregnant are at great risk of having another pregnancy during their adolescent years. These mothers may incur compounded physical and psychological risks with more than one pregnancy during their teen years.⁸⁹ A 1993 Census Bureau study found that women receiving Aid To Families With Dependent Children (AFDC) had 2.6 children on average compared with 2.1 children for non-AFDC mothers. The AFDC families had more children even though the mothers were younger, 30 years versus 34 years for non-AFDC mothers, on average.⁹¹

- Between 1992 and 1994 in Utah, about 18% of births to teens 15-19 years of age were to adolescents who had already given birth to one or more previous live born infants.
- Native American Utah teens giving birth between 1992 and 1994 were 68% more likely to deliver a second, third, or later child before their 20th birthdays than white Utah teens who gave birth from 1992 through 1994.
- National data show that 29% of mothers getting AFDC in 1993 had their first birth before age 18 compared with only 15% of non-AFDC mothers.⁹¹
- Of several well-designed and evaluated programs with a purpose of delaying subsequent teen pregnancy, few have had an impact.⁵⁹

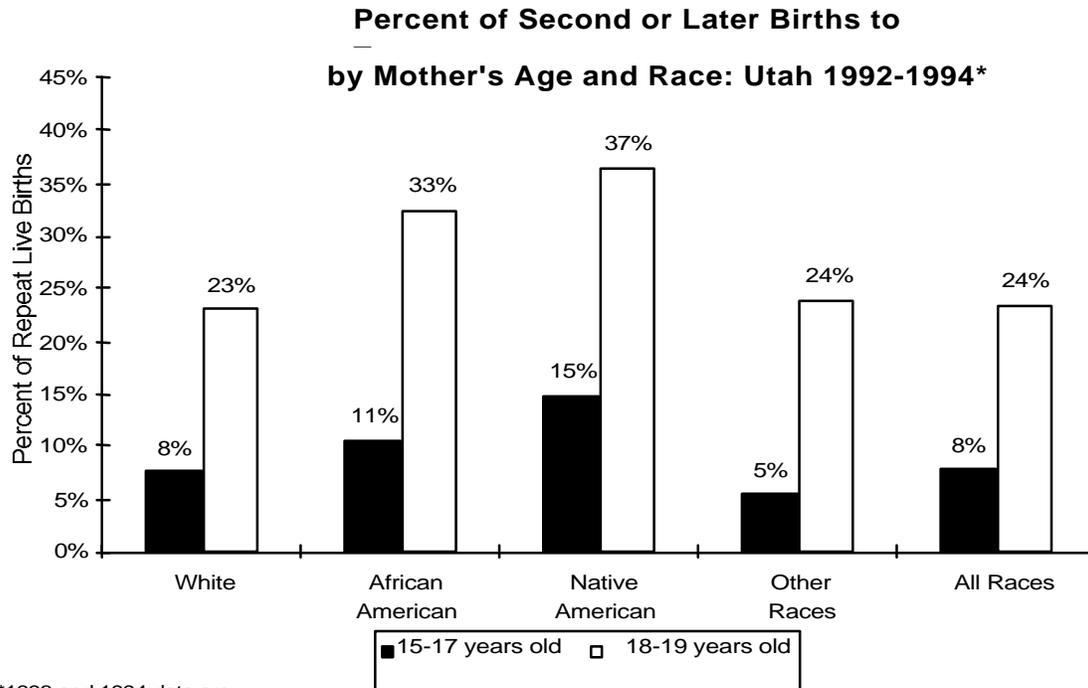
Figure 13



*1993 and 1994 data are provisional.

Source: Utah. Dept. of Health, Bureau of Vital Records.

Figure 14



Marriage

In both Utah and the United States as whole, births to unmarried women have become an increasing proportion of births to women of all ages. In 1960, 1.5% of Utah births and 5.3% of U.S. births were to unmarried females of all ages. By 1993, 15.5% of Utah births and 31% of U.S. births occurred outside marriage for women of all ages. This trend may result in a lack of support systems for these women, which may pose a greater risk for poor pregnancy outcomes.⁸⁹

- Among females, ages 15-17 who gave birth in Utah during 1994, 73% were not married; among 18-19 year olds, 48% were unmarried.
- Marriages for adolescent females are more common in Utah than nationally. In 1990, 23% of Utah marriages involved a bride under 20 years of age versus just 11% of marriages nationally.⁹⁵
- In 1990 in Utah, 15.7% of families were headed by a single parent. These single parent families with children under 18 years of age in Utah ranged from 22% of families in Grand County to 7% of families in Rich and Wayne Counties.⁹³
- In Utah in 1990, 42% of divorces occurred before five years of marriage; 68% ended within ten years.⁹⁵

National data show:

- In the United States in 1990, 32% of divorces occurred before five years of marriage; 63% ended within ten years.⁹⁵
- Almost one-third of all women — regardless of current or previous marital status — living with their own children under 21 years of age whose father was absent lived beneath the federal poverty limit.⁹²
- Young women raised in a family with both biological parents consistently have a lower probability of having a non-marital teen birth.^{32, 41, 52, 60, 106}
- Females are more likely to have a non-marital teen birth if their own mothers first gave birth as teens or received welfare during the daughter's adolescent years.^{32, 41, 49, 50}
- Males raised by a single mother are more likely to father a child during their teen years according to a 1993 report.⁴⁴
- On average, there are seven years for women and ten years for men between first sexual intercourse and first marriage.²⁵

Figure 15

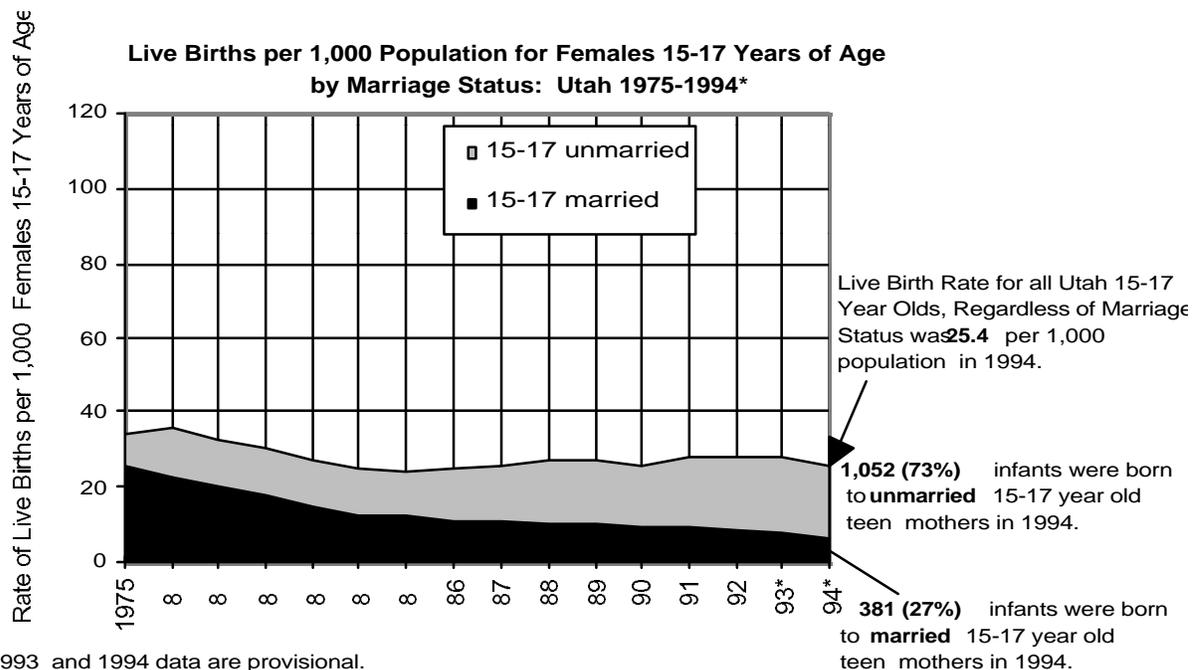
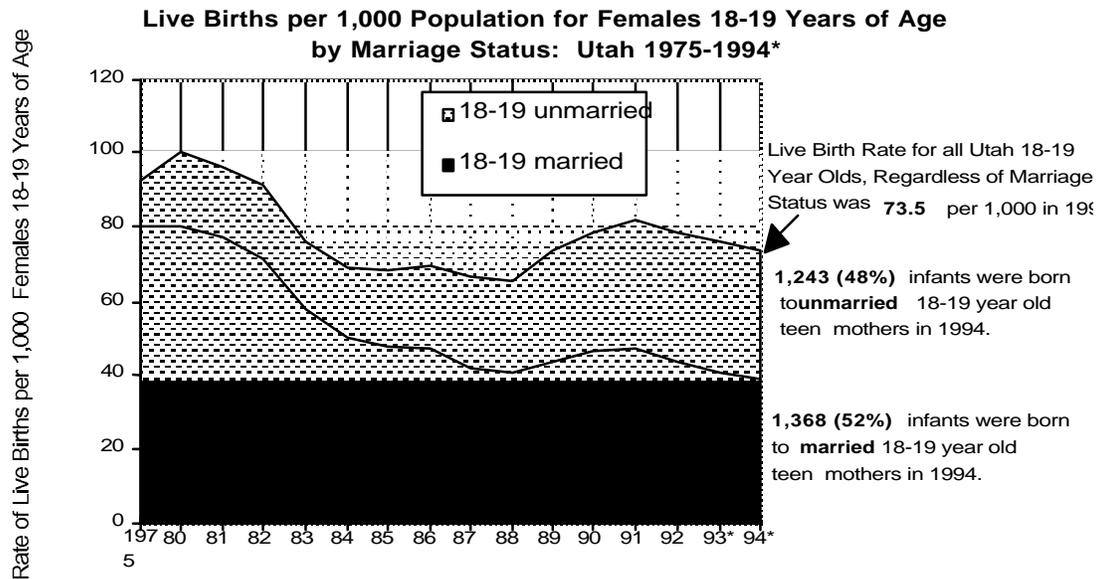


Figure 16



Adoption

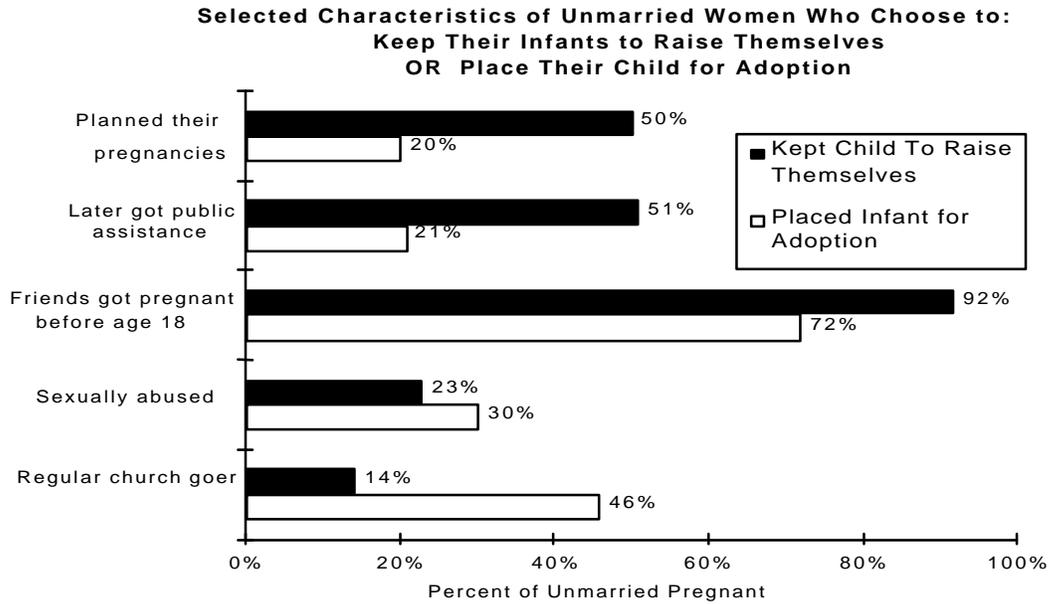
Adoption among unmarried pregnant women has been declining since the late 1960s in the United States.⁶⁶ Although there are little data on adoption, adolescent women are more likely to place their newborns for adoption than older unmarried women.¹

- In 1986, 2.8% of U.S. infants and 11.6% of Utah infants were relinquished for adoption by their unmarried parents.¹
- In 1993, about 3.5% (1,320) of Utah birth certificates were amended to reflect adoptions. These Utah adoptions include step-parent adoptions but probably exclude private adoption by biological parents of all ages.

National data show:

- From 1965 to 1972 nationally, about 20% of infants born to single white mothers were placed for adoption. This adoption placement of white infants dropped to 3% between 1982 and 1988. Black women have chosen adoption less often than whites during these decades.^{4,72}
- A 1992 evaluation of 29 Adolescent Family Life (AFL) care projects which emphasized encouraging teens to place their infants for adoption found an 11% relinquishment rate compared with a 2% national relinquishment rate. Half of teens who intended to place their child for adoption later changed their minds.⁵³

Figure 17



Source: The Encyclopedia of Adoption, Facts on File Inc, New York

Educational Attainment

One of the major concerns often expressed about pregnancy during the teenage years is the potential impact on educational attainment for the adolescent mother. Education attainment data from Utah birth certificates among 20 year old females who gave birth between 1992 and 1994 were reviewed. Women who delay childbirth until age 20 have a greater likelihood of completing high school than women who have given birth during younger teen years.

In Utah:

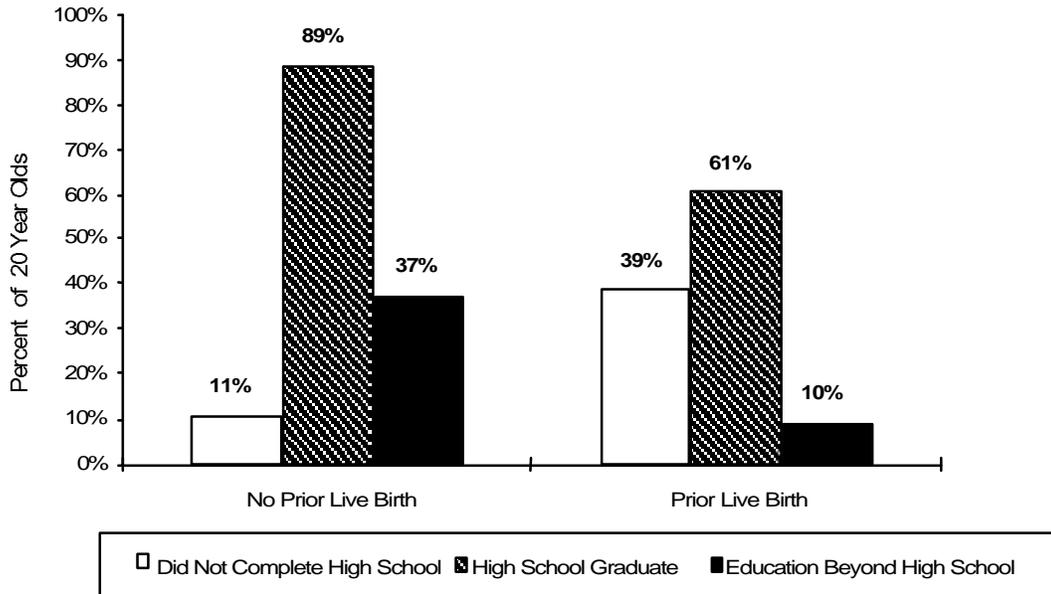
- Between 1992 and 1994, 39% of adolescents who gave birth at least twice before age 21 had not completed high school.
- Slightly over one-third (37%), of those adolescents whose first child was born when they were 20 years of age stayed in school beyond high school.
- A June 1995 report showed that school failure often predicts early sexual intercourse and teen parenthood.^{60, 85, 108}

Nationally, a 1993 Census Bureau survey found:

- Only 57% of AFDC mothers had earned their high school diplomas.⁹¹
- Among AFDC mothers in 1993, 19% had attended college for at least one year.⁹¹
- Approximately one in seven AFDC mothers enrolled in school during 1993, and only 11% were teens.⁹¹

Figure 18

**Educational Achievements of 20 Year Olds Who Gave Birth
Between 1992 and 1994 in Utah**



Source: Utah Dept. of Health, SAS program by B. Nangle. Birth Certificates 1992-1994. March 1996

County and School District Births

Teens are giving birth across the state of Utah. Some rural and urban counties have relatively high birth rates for high school-age females compared with other counties.

- Statewide, the 1992-1994 three-year average birth rate for females 15-17 years of age was 25.9 or approximately 26 live births for every 1,000 females in this age group.
- Tooele (45.7) and Weber (40) — primarily urban counties — both had high birth rates for females 15-17 years of age that exceeded the state average. These counties ranked first and third, respectively.
- Uintah (40.3), Grand (36.9) and San Juan (33.4) — all rural counties — ranked second, fourth and fifth in the state for live birth rates for females 15-17 years of age.
- Daggett (0), Rich (4.9) and Piute (5.3) counties had the lowest birth rates for females 15-17 years of age in the 1992-94 average.

Table 1

<i>County and Public School District</i>	<i>Average Annual Births to Women 15-17 Years 1992-1994</i>	<i>County and Public School District</i>	<i>Average Annual Births to Women 15-17 Years 1992-1994</i>
Beaver	3	Murray	na
Box Elder	26	Salt Lake City	na
Cache	39	San Juan	14
Cache	25	Sanpete	12
Logan City	14	North Sanpete	na
Carbon	21	South Sanpete	na
Daggett	0	Sevier	16
Davis	117	Summit	6
Duchesne	10	North Summit	na
Emery	9	Park City	na
Garfield	3	South Summit	na
Grand	8	Tooele	37
Iron	19	Uintah	27
Juab	4	Utah	177
Juab	na	Alpine	na
Tintic	na	Nebo	na
Kane	3	Provo	na
Millard	8	Wasatch	8
Morgan	4	Washington	36
Piute	0	Wayne	1
Rich	0	Weber	180
Salt Lake	598	Ogden City	119
Granite	na	Weber	61
Jordan	na		

na=not available.

Note: Average annual births include births to residents of the public school district, not to students enrolled in the district. Birth data are only available for districts with boundaries corresponding to political subdivision: For 115 births to teens, county or city was not reported.

Poverty

The financial responsibilities that accompany raising children can strain teen parents. At present, there are publicly-funded programs designed to assist families with children living at or near the poverty level. "Welfare" may be commonly understood as the Aid to Families with Dependent Children (AFDC) program. There are other programs for which adolescent parents may qualify.

In Utah during 1995:

Teen mothers living on their own are about one percent of all AFDC cases.⁹

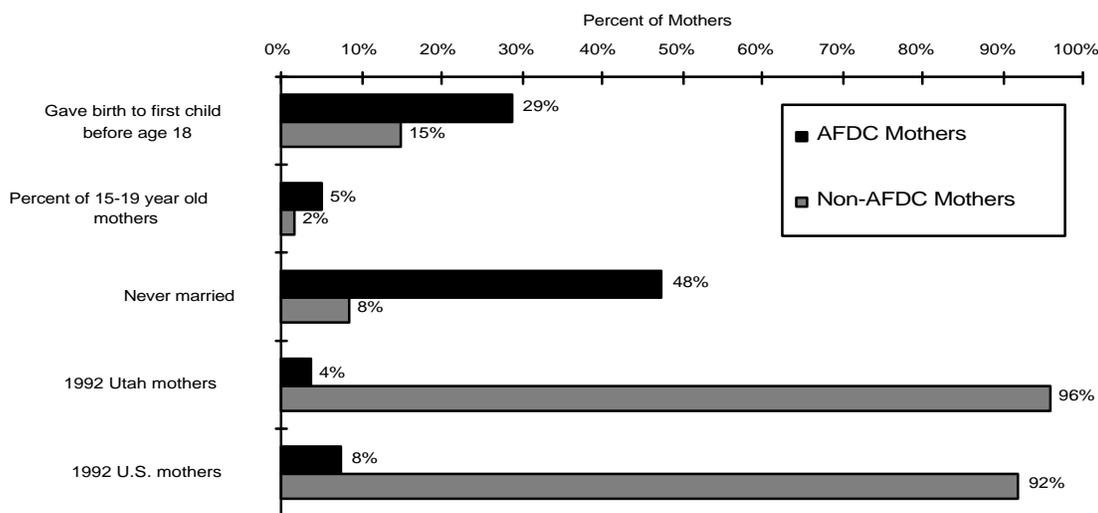
- In 1995, 1,409 children receiving AFDC money were living with a grandparent. Some of these children may be offspring of teen mothers.⁹
- In October 1995, 42% of 7,566 AFDC clients required to participate in either Utah's Realizing Independence through Successful Employment (RISE) or Single Parent Employment Demonstration (SPED) programs, first gave birth to a child as a teen.⁹
- Of all families receiving AFDC payments, 80% had no additional earned or unearned income and received an average monthly grant of \$385.34.⁹

National AFDC data demonstrate that:

- In 1975, 54% of total AFDC expenditures went to households headed by women who first became mothers before age 20. By 1990, 51% was consumed by these households.⁹¹
- Thirty-two percent (32%) of poor women of all ages living with children under age 21 with an absent father received no child support from the absent father.⁹²
- Of “never married” mothers who were awarded child support by court order, only 27% actually received some form of child support from the biological father.⁹²

Figure 19

Selected Characteristics of Mothers Receiving Aid to Families with Dependent Children (AFDC) Money and Non-AFDC Mothers: US Summer 1993



Source: Summer 1993 Bureau of the Census, Survey of Income and Program Participation (SIPP).

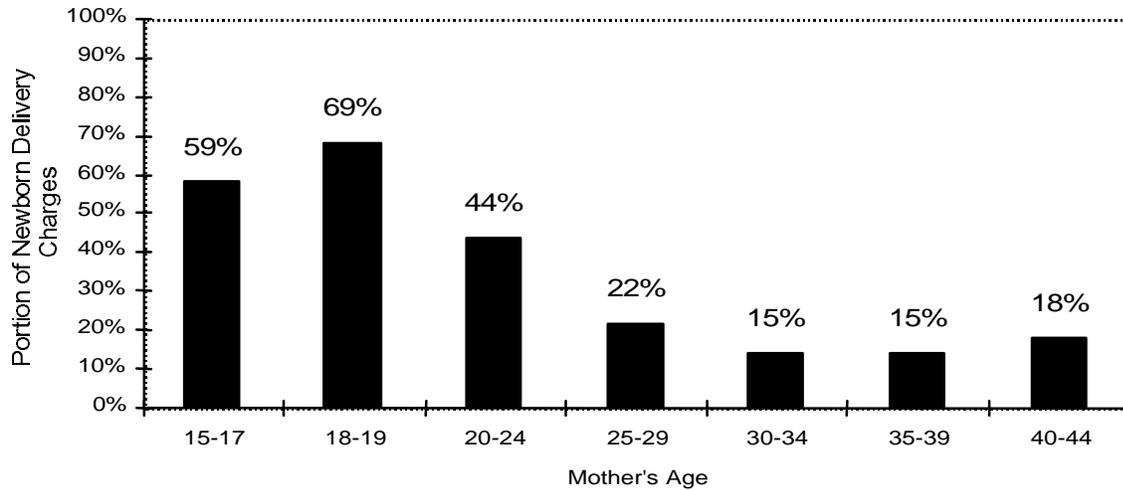
Medicaid Costs for Live Births to Adolescents

Some teens’ prenatal care, labor and delivery costs are covered through their parent’s private health insurance. Often, however, the infant’s (newborn grandchild) medical costs are not eligible for coverage under the same private health care plan.

- In 1993, approximately 817 (58.6%) newborn deliveries to females 15-17 years of age and approximately 1,752 (68.8%) deliveries to females 18-19 years of age were paid, in whole or in part, though the Medicaid Program.⁶⁶ Overall, Medicaid funds pay the hospital delivery costs for about 29% of infants born to Utah residents of all ages.⁷⁹
- Newborn charges are not identified in hospital discharge data by age of mother and are generally higher than delivery charges. Newborn charges in 1993 hospital discharges averaged \$2,743 for all hospital births.⁶⁶

Figure 20

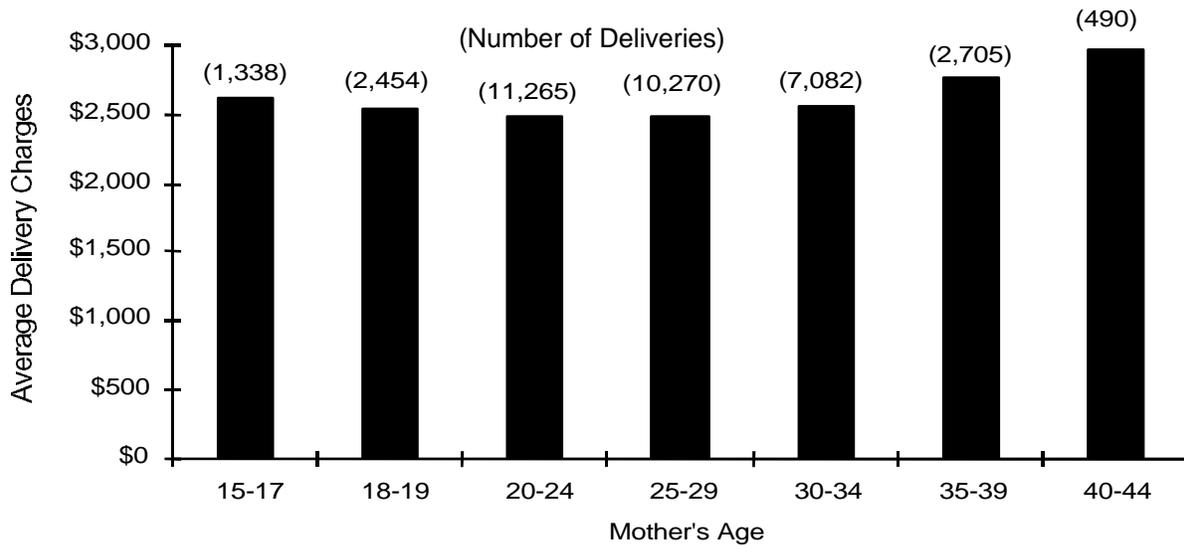
Percent of Hospital Newborn Deliveries with Medicaid Funding, by Mother's Age: Utah, 1993



Note: Medicaid funding means Medicaid was the primary or secondary payer of delivery charges.
 Source: Hospital Discharge Records, Office of Health Data Analysis, Utah Department of Health

Figure 21

Average Hospital Delivery Charges, by Mother's Age: Utah, 1993



Source: Hospital Discharge Records, Office of Health Data Analysis, Utah Department of Health

- Average hospital costs in 1993 for newborns born to mothers of all ages in Utah depended on the infant's birth weight and health:
 - Normal newborns averaged \$598

- Premature infants with major problems averaged \$13,397
- Premature infants or infants with respiratory distress averaged \$50,928.98
- Average hospital costs in 1993 for maternity conditions for all vaginal deliveries ranged from \$1,950 to \$2,667 depending on the number of complications. These charges do not include physician fees.⁹⁸
- Average hospital costs in 1993 for maternity conditions for all Cesarean-section deliveries ranged from \$3,815 to \$4,888 depending on the number of complications. These charges do not include physician fees.⁹⁸
- Nationally, every dollar spent on publicly subsidized family planning services saves \$3.00 in medical costs associated with pregnancy and birth.³

Sexual Activity

A 1991-1993 longitudinal study of 473 Utah youth found that sexual maturity or pubertal development (early or late) related to teens' sexual behaviors. Hormones and biological markers associated with puberty influenced males more than females in this Utah study.¹⁹

A spring 1988 survey of 839 Utah high school students found:

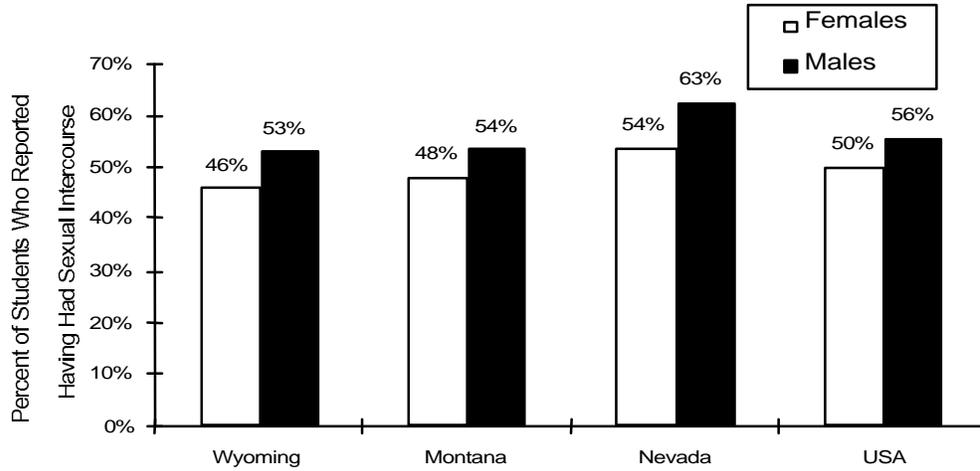
- One third (33%) of 10th, 11th, and 12th grade students had experienced sexual intercourse and 17% had been sexually active during the past month.⁸⁷
- Utah students were more likely to be sexually active if they:
 - were currently dating steadily (40% sexually active)
 - reported that premarital sex was not against their own values (39%)
 - had been drunk or high on drugs (31%)
 - did not attend church regularly or at all (32%)
 - had a "C" or lower high school grade average (29%)⁸⁷

NOTE: This Utah survey may underrepresent students from more conservative families; 33% of parents did not allow their teenage children to participate.⁸⁷

Since Utah, Idaho, and Colorado exclude questions related to teens' sexual behavior, data from Wyoming, Montana and Nevada Youth Risk Behavior Surveillance Surveys may reflect teens' behavior throughout the intermountain region, including the State of Utah.

Figure 22

Percent of High School Students in Selected Intermountain States and U.S. Who Reported Having Had Sexual Intercourse: 1993

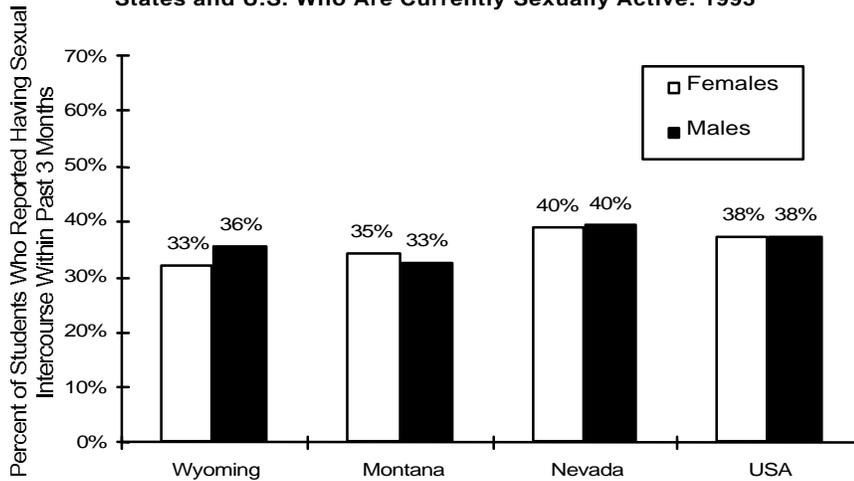


Source: CDC's MMWR, Youth Risk Behavior Surveillance Survey - US 1993

Utah excludes questions related to sexuality.

Figure 23

Percent of High School Students in Selected States and U.S. Who Are Currently Sexually Active: 1993



Source: CDC's MMWR, Youth Risk Behavior Surveillance Survey - US 1993

Utah excludes questions related to teenagers' sexuality.

National data indicate that:

- Males become sexually active at an earlier age than females.¹⁵
 - “Currently sexually active” teens were significantly more likely to be:
 - students enrolled in grade 12 than students in grades 9 through 11.¹⁵
 - African American male and female students (65.1% and 53.2%, respectively)
- Compared with:
- White male and female students (32.9% and 35.2%, respectively)
- Or compared with:
- Hispanic male and female students
 - (40.7% and 37.9%, respectively)
- A 1992 national survey of adult sexual behavior reported that 25% of women said they were forced into unwanted sexual behaviors at some time. Two percent of men surveyed reported being forced into sexual activity.⁴⁵

Studies conducted in other states found:

- Studies report that about 60% of pregnant teens were sexual victims through molestation, rape or attempted rape before they became pregnant.^{3, 12, 61}
- Pregnant adolescents report being sexual victims at about twice the proportion of all young women. An estimated 25% of young women under 18 years of age in the general population report sexual abuse.⁵⁸
- Pregnant or parenting teens who reported sexual abuse were significantly younger (13.2 years) at their first sexual intercourse compared with teens who had not been abused (14.5 years).¹²

Contraceptive Use/Intentions

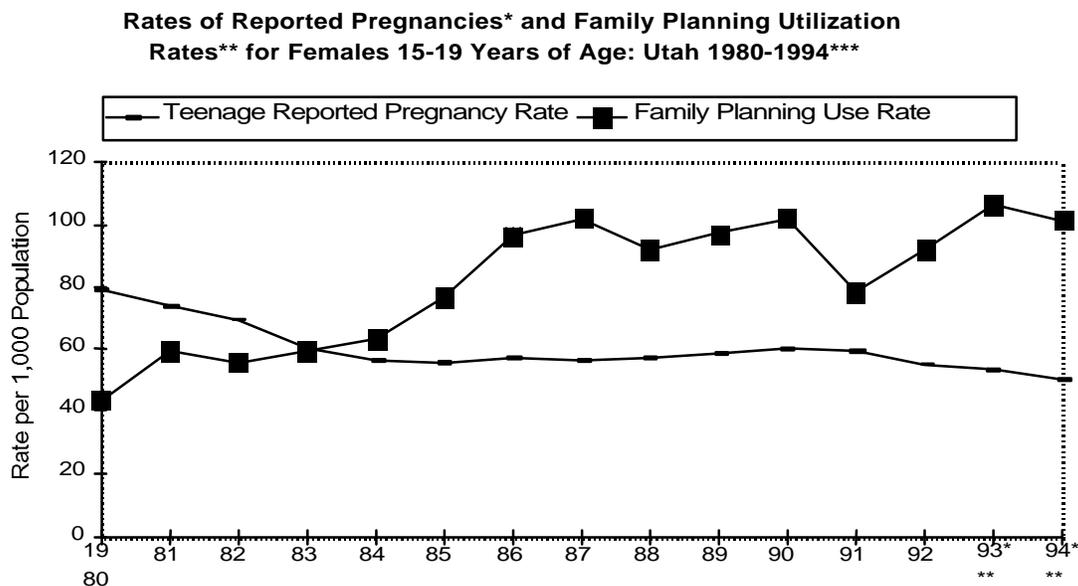
According to current state law, parents in Utah must give permission in writing before their unmarried children under 18 years of age may receive information about or services for family planning from a state-funded agency.

More Utah teens are using family planning services than in the past. The rate of reported pregnancies in female Utahns 15-19 years of age declined 35% between 1980 and 1994. About 51 teens per 1,000 adolescent women became pregnant in 1994 compared with 78 per 1,000 in 1980.

- The data in Figure 24 show an increased use of family planning services among Utah teens since 1980. Most of the decline in reported teen pregnancy rates came in the early 1980s.
- In 1980, there were at least 12 publicly-funded family planning sites in Utah's metropolitan areas. In 1995, there are 44 sites across the state representing 266% growth over 15 years.⁸⁹
- In 1994, 41% of Utahns 15-19 years of age who had abortions did not use contraceptives during the previous year.
- Medicaid only pays for contraception for very poor women. Women eligible for Medicaid-funded prenatal care under the Baby Your Baby program are not eligible for ongoing Medicaid services, including family planning care.⁸⁹

- Few teen pregnancy prevention programs target males; those that have involved males showed no impact on contraceptive usage.⁵⁹

Figure 24



*The rate of reported pregnancies is the number of live births plus the number of induced abortions per 1,000 female population aged 15-19. This rate probably underestimates total pregnancies since it excludes unreported miscarriages which are estimated to be 13-15% of all pregnancies. **The family planning use rate is the number of individuals (unduplicated head count) who visited a Planned Parenthood clinic during a calendar year per 1,000 female population aged 15-19.***1993 and 1994 data are provisional. Sources: Utah Dept. of Health, Bureau of Vital Records provided pregnancy rates. Planned Parenthood Association of Utah provided family planning client data.

Research studies in other states show that:

- On average, adolescents delay seeking contraceptive services for nearly one year after becoming sexually active.⁸⁸
- Most unintended pregnancies (71%) occurred among teens who were not using contraception when they became pregnant in 1987.^{18, 57}
- Births to unmarried adolescent girls were unintended 84% of the time in 1990.^{18, 57, 58}
- Publicly funded family planning services prevent an average of 1.2 million unintended pregnancies, including 509,000 unintended births and 516,000 additional abortions, each year in the United States.³

Sexually Transmitted Diseases

In addition to the risk of pregnancy, sexually active teens risk acquiring several sexually transmitted diseases. Of particular concern are gonorrhea and chlamydia infections. These two infections are often asymptomatic in women, but if untreated they can progress to pelvic inflammatory disease (PID). PID results in scarring of the uterus and tubes that can leave women unable to become pregnant, can greatly increase the risk of an ectopic pregnancy, or can cause chronic pain that may require surgery, such as hysterectomy.

- By the end of high school, most young women in the United States report being currently sexually active.
- Less than half of female adolescents report using condoms so their risk of contracting sexually transmitted diseases (STDs) is high.¹⁵
- Based on reported incidence of gonorrhea, Utah rates are substantially lower than for the United States.^{82, 83}
- While national data are not available for comparison with the Utah chlamydia rates, other data suggest that Utah teens have risks similar to teens elsewhere in the United States for that infection.⁸²

Figure 25

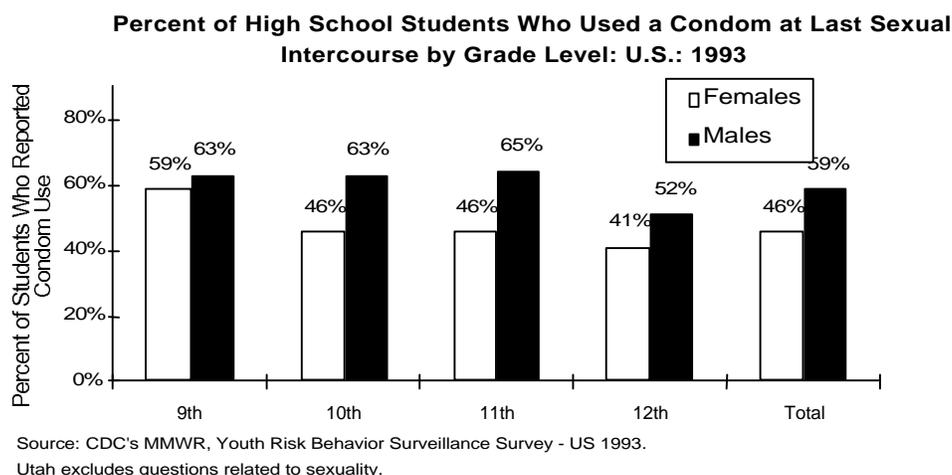


Table 2

Chlamydia Infection in Teenage Women Tested for Chlamydia in Family Planning Clinics and Upon Entrance to the Federal Job Corps Program

Family Planning Clinics

Women ages 15-19

July 1, 1994 through June 30, 1995

Utah Region VIII*	Number Tested	Percent Infected
	12,662	2.5%
	47,442	3.1%

Jobs Corps Entrance

Women ages 16-19

May 1990 through December 1994

	Number Tested	Percent Infected
Utah	775	11.2%
U.S.	47,442	14.1%

*Region VIII (Health and Human Services) includes Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming.
Source: Utah Department of Health, Bureau of Surveillance and Analysis

- Rates of chlamydia have more than doubled for both sexes in Utah between 1988 and 1992. This increase is attributed greatly to improved screening and detection.^{82, 83}
- In addition to gonorrhea and chlamydia infections, teens who engage in unprotected sex risk getting HIV infection, the cause of AIDS, and human papilloma virus infection, a cause of cervical cancer.^{82, 83}
- Since the latency period of the diagnosis of AIDS is five to ten years, a case diagnosed during a person's twenties may reflect unprotected sexual activity during the teen years. In 1993-94, there were two Utahns ages 15-19 and 43 Utahns ages 20-29 diagnosed with AIDS.^{82, 83}

NOTE: The State of Utah does not collect teen sexuality data through the Centers for Disease Control and Prevention questionnaire, Youth Risk Behavior Surveillance Survey.¹⁵

Adolescent Pregnancy Prevention Programs in Utah

Utah Public School Based Programs

Current Utah law (Article X, Section 3, Section 53A-17a-121) requires public schools to use "abstinence-based" curricula designed to prevent adolescent sexuality. Discussion of contraceptive methods requires written consent from parents or guardians for student participation. The curricula should involve parents or guardians of participating students in a substantial and consistent manner and comply with other requirements. About one-half (47.5% or 19 of 40) of Utah school districts received state funds during the 1995-1996 school year and are teaching a health curriculum unit that focuses on sexual abstinence.

Of the seven pregnancy prevention programs or combination of programs funded by the State Office of Education in Utah schools, five have had an independent review by Child Trends, Inc. of Washington D.C. These Utah programs are Postponing Sexual Involvement (PSI),^{36, 37} Reducing the Risk,⁴³ Sex Respect,⁷⁴ Teen Aid,^{100, 102} and Values and Choices.²² The programs, PSI^{36, 37} and Reducing the Risk,⁴³ have shown a moderate impact in the direction of delaying sexual initiation and on reducing adolescent fertility rates. Sex Respect,⁷⁴ Teen Aid^{100, 102} and Values and Choices²² did note a difference in behavioral attitudes from pretest to posttest, but did not look at the impact on actual behavior.

Another Utah program, the Community of Caring program, emphasizes planning for the future and values such as respect, responsibility, trust, and caring. Evaluations done in other states found no significant differences in teens' sexual activity before they participated in this program compared with after the program.⁵⁶

Utah Non-School Based Programs

The Teen Mother and Child Program (TMCP) at the University of Utah Health Sciences Center is a comprehensive care program for pregnant teens, teen parents and their children. Teens may enter the program if they are under 17 and pregnant. Mothers and their children continue to receive care until the mother is 19 years of age. A multidisciplinary team provides a wide range of medical, nutritional, and psycho-social services, including vocational/educational and outreach

services to over 550 teen mothers and their children each year. Family planning services are provided to all teen mothers and their partners at low cost. Contraceptive methods are discussed at 36 weeks of pregnancy and their method of choice is provided following delivery. Frequent follow-up regarding contraceptive use and satisfaction is provided by program staff at all well-child appointments and annual exams.⁹⁰

When the TMCP was evaluated in 1986, differences between TMCP teen clients and other pregnant and parenting teens approached but did not reach statistical significance ($P < .01$) for repeat pregnancy. TMCP staff report that intensive follow-up with young mothers helps reduce the number of repeat pregnancies among teen mothers in Utah. In the 1986 evaluation, TMCP clients differed significantly for school/work status, participation in public programs, completed immunizations, and knowledge of child development.

A review of the literature indicates that programs providing this type of intervention has been the best designed and evaluated. A recent Child Trends, Inc. independent review found that few of the programs designed to prevent subsequent pregnancies had an impact, at least in the initial years. Given the results of these evaluated programs it may be that extraordinary approaches are needed for the population of teen mothers who have subsequent pregnancies.⁵⁹

Ten of Utah's twelve local health departments provide some family planning services to teens who have written consent from their parents.

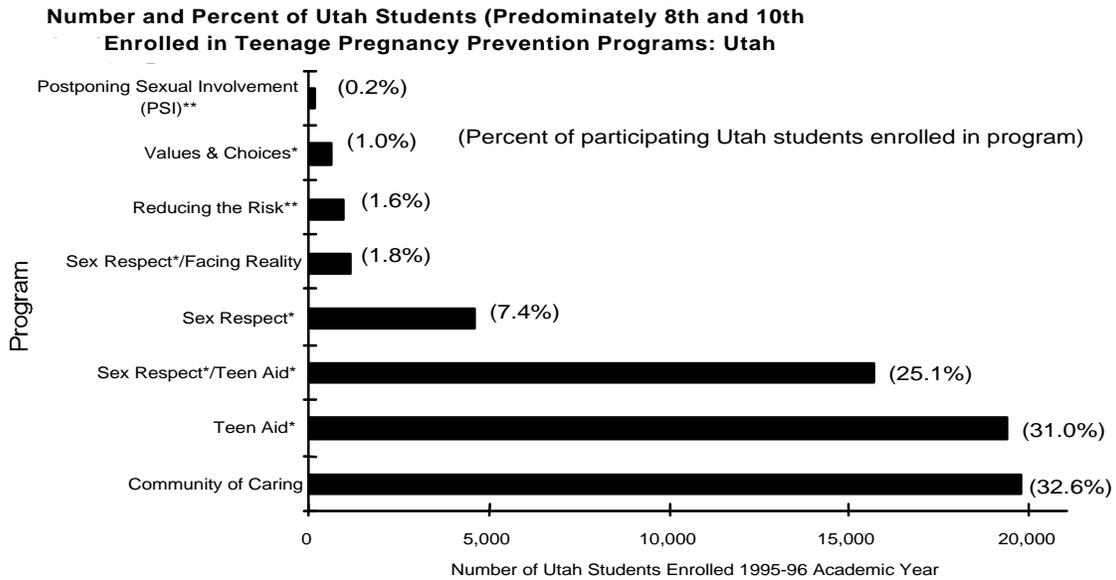
Planned Parenthood Association of Utah provides trained teens (supervised by adult clinicians) to counsel peers visiting a family planning clinic in West Valley City. Teen staff give information about sexual responsibility and family planning to clients. Staff members also visit with patrons at teen night clubs to provide information about sexually transmitted diseases and pregnancy prevention. During the past two years, 1,700 teens and their parents have received contraceptive services, family planning information and instruction on how to prevent sexually transmitted diseases.⁷⁸

The YWCA's Peer Approach Counseling by Teens (PACT) program teaches teens problem-solving, access to community health and human services, abusive versus healthy relationships, pregnancy, contraception, sexually transmitted diseases information and clarifies personal values. About 30 teens have participated each year since 1989.¹⁰⁷

Evaluations of service-based programs that target teen pregnancy indicate that the best results for contraceptive use are obtained through an initial visit that extends over two clinic visits, staff training in adolescent development, and provision of more consistent and intensive follow-up regarding return visits.⁵⁹

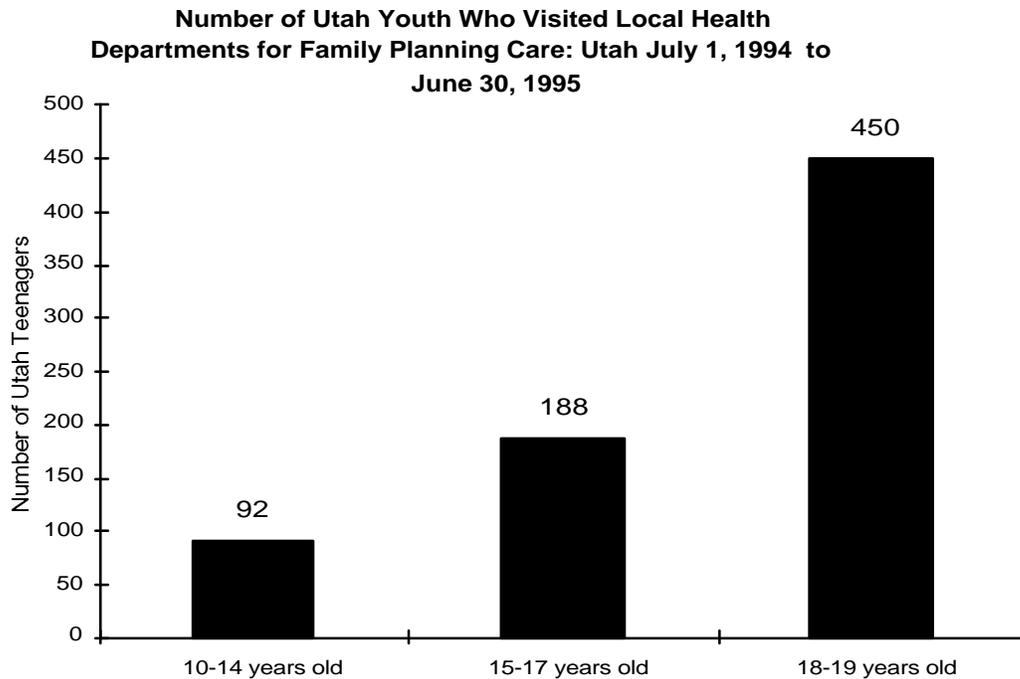
The literature has shown that one of the strongest predictors for early sexual initiation and adolescent parenthood is school failure.⁵⁹ The programs that had the greatest impact on teen pregnancy were initiated at a very young age, one at the preschool level.¹⁰³ The data indicate that students in junior high or middle school who are failing in school are already at risk for initiating sex.⁶⁰

Figure 24



*Program was independently reviewed by Child Trends, Inc. ** Program was independently reviewed by Child Trends, Inc. and has shown to have a moderate impact on delaying sexual initiation and reducing teen pregnancy rate in other states. Source: Utah Office of education. School Finance and Statistics

Figure 25



Source: Utah Dept. of Health, Division of Community and Family Health Services, Data Resources.

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