

In the past two decades teen birth rates have decreased significantly. From 2013 to 2014 there was a decrease in pregnancy in teens aged 15 to 17 by 11%. Going back further, from 1991 to 2014 data shows a decrease in pregnancy by 72% (Hamilton, Martin, Osterman, Curtin, & Mathews, 2015, p.5). In 2014, the teen birth rate dropped by 9% from 2013. “Birth rates for teenagers aged 15–17 and 18–19 in 2013 were 10.9 births per 1,000 for the younger age group and 43.8 births per 1,000 for the older group, down 11% and 7% from 2013, respectively, and record lows for both groups” (Hamilton, et al., 2015, p.4). The overall birth rate for teenagers aged 15-19 was 24.2 births per 1,000 with declines seen in all race/ethnic groups (Hamilton, et al., 2015, p.4). Despite the record low rate of teens giving birth in 2014, the United States continues to have significantly higher teen birth rates than other developed countries (Centers for Disease Control and Prevention [CDC], 2016).

BIRTHS TO TEEN MOTHERS IN TEXAS

Texas had the 4th highest teen birth rate in the nation in 2014 with a rate of 37.8 births per 1,000 females aged 15-19 (Kaiser Family Foundation, n.d.).

In Bexar County there were 2,590 children born to mothers under the age of 19 in 2013. While the birth rate for teens aged 15-19 in this county was slightly below the 2013 state average, it was significantly higher than that of the national rate of 26.5 births per 1,000 teens (Schlenker, n.d.).

The following table represents the most recent data available specific to Bexar County:

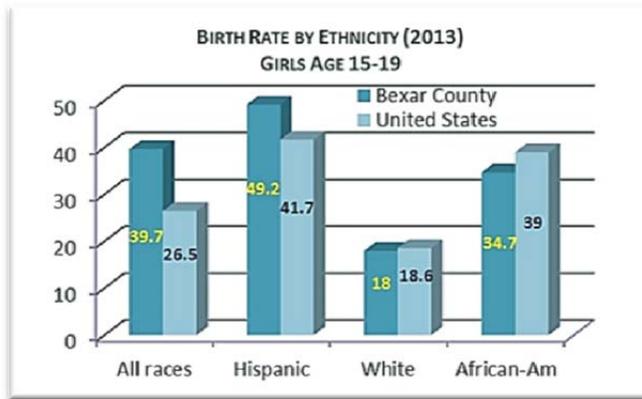
TEEN BIRTHS BEXAR COUNTY, TEXAS 2013		
Age of Mother	Total Births	Rate (per 1,000)
10 to 14 Years	32	0.5
15 to 19 Years	2,558	39.7
(Schlenker, n.d., p.19)		

Marked disparities continue to be evident when comparing birth rates by ethnicity. Specifically noticeable in Bexar County, Hispanic teens are almost three times as likely as White teens to have a child and African-American teens are almost twice as likely as White teens to give birth. The following table shows the teen birth rates by age and ethnicity in Bexar County in 2013:

BIRTH RATE BY AGE AND ETHNICITY BEXAR COUNTY, TEXAS 2013					
Age of Mother	White	Hispanic	African American	Other	Total
10 to 14 Years	0.1	0.7	0.2	0.0	0.5
15 to 19 Years	18.0	49.2	34.7	12.3	39.7
(Schlenker, n.d., p.19)					

Additionally, Bexar County Hispanic rates are higher than national Hispanic rates, whereas Bexar County Non-Hispanic White rates almost equal the national rates and African American rates are lower than the national rates.

The chart below illustrates the comparison between ethnicities in the mothers between 15 and 19 years old:



(Martin, et al., 2015; Schlenker, n.d.)

TEEN PREGNANCY HEALTH RISKS

Teen pregnancy has serious ramifications on the health and well-being of both the mother and the child. One of the key factors that affect the health of both the mother and the unborn child is that expectant teens are less likely to receive prenatal care. Approximately 10.4% of teen mothers aged 15-19 receive late or no prenatal care. “This proportion drops with increasing age, reaching a low of 4.5 percent for women in their thirties” (Child Trends, 2015).

Pregnant teens are more likely than older women to engage in unhealthy lifestyle choices including not eating right or exercising during pregnancy. Among the most common health risks to teen birth mothers are:

- Hypertension (high blood pressure)
 - Anemia
 - Preeclampsia: condition that combines high blood pressure with excess protein in the urine resulting in swelling of hands and face as well as organ damage
 - Sexually transmitted diseases (STDs) such as chlamydia and HIV
 - Pre- and postpartum depression
- (WebMD, 2016)

The children of teen mothers also face significant health risks. Babies who are born to teenage mothers have a higher risk of dying during their first year than those of women over age 20. In 2013, the national infant mortality rate was 5.96; the rate for mothers

under age 20 was 8.52 (Mathews, MacDorman, and Thorma, 2015).

Other health risks associated with children of teenage mothers include premature birth and/or low birth weight, either of which can result in significant long-term problems including:

- Impaired Cognitive skills
- Vision Problems
- Hearing problems
- Mental and learning disabilities
- Behavioral and psychological problems
- Chronic Health issues

(Mayo Clinic, 2014)

The challenges faced by the children of teen parents often manifest themselves as cognitive delays or deficiencies. These children are more likely to develop learning problems such as dyslexia and to be hyperactive. Furthermore, children of teen mothers are “50% more likely to repeat a grade, less likely to complete high school and have lower performance on standardized tests than those born to older parents” (Schuyler Center for Analysis and Advocacy [SCAA], 2008, p.3).

MOTHER AND CHILD WELL-BEING

Teen pregnancy has greater implications that are felt society-wide, as the burden of care is often difficult for young, single mothers. In Bexar County alone there were 2,303 children born to single teen mothers in 2013 (Schlenker, n.d.).

Adolescent parents are faced with the challenge of providing for their own children when they are barely out of childhood themselves. In 2014, 34% of children under the age of 18 lived below 150% of the federal poverty level (FPL) in the United States. The percentage was slightly higher in Texas with 38% living at that level. Unfortunately, San Antonio had a much higher rate of children living in poverty than both the state and the nation with 46% of children under the age of 18 living below 150% of the FPL (Kids Count Data Center, 2015).

The chances of a child living in poverty increase significantly if the mother is a teen who leaves their family home. 34% of teen mothers still

living with their parents lived below the FPL while “67% of teen need intense long and short term counseling. mothers who moved out of their own families’ household live below the poverty level [and] 63% of teen mothers receive some type of public benefits within the first year after their children were born” (Ng and Kaye, 2012, p.1).

Patterns for teen births have shown that the greater incidence occurs in low-income areas with a high Hispanic population. In Bexar County, the highest birth rates for teens age 15-19 in 2013 were:

- 345 in City Council District 5
 - 312 in City Council District 4
 - 306 in City Council District 3
 - 296 in City Council District 2
 - 237 in City Council District 1
- (Schlenker, n.d.)

The Centers for Disease Control and Prevention (2016) reported that only 50% of teen mothers are likely to get a high school diploma by age 22 compared with 90% of teen girls who do not give birth. Births occurring within school district attendance areas in Bexar County for 2013 are listed on the following table:

TOTAL BIRTHS TO GIRLS AGE 15-19 BEXAR COUNTY, TX (2013)	
School District	Number of Births
Alamo Heights	3
Comal	5
East Central	65
Edgewood	147
Ft. Sam Houston	3
Harlandale	138
Judson	168
Medina Valley	6
North East	373
Northside	536
San Antonio	723
Schertz-Cibolo-UC	12
Somerset	27
South San Antonio	118
Southside	53
Southwest	119
Missing	60
Total	2,558

(Schlenker, n.d.)

Also affecting the ability of a teen mother to finish school and get, or keep, a job is that teen mothers are more likely than older women to have a second child relatively soon. “Seventeen percent of births to teens (15–19 year-olds) are subsequent births to teens who already have at least one child. Two in 10 births (21%) to 18-19 year-olds are subsequent births” (National Campaign to Prevent Teen and Unplanned Pregnancy, 2014).

The following table shows the number of births in Bexar County in 2013 by age of the mother and birth order of the child. 529 children born to teen mothers were not the teen’s first child:

TEEN BIRTHS IN BEXAR COUNTY, TEXAS 2013						
Birth Order	1	2	3	4	5	Total
Age of Mother						
13	4					4
14	26	2				28
15	104	5				109
16	224	17	1	1		243
17	365	48	9			422
18	542	131	16			689
19	796	252	42	4	1	1,095
Total Births:	2,061	455	68	5	1	2,590

(Schlenker, n.d., p.19)

TEEN PARENTING

Because of their lack of maturity and development, teen parents often lack proper parenting skills to provide proper nurturing and support for their children. Children of teen mothers are more likely to be removed from the home and placed in foster care. In fact, they make up approximately 60% of children placed in foster care. “Numerous studies have documented higher incidence of child maltreatment among children born to adolescent mothers compared to older mothers. According to one study, adolescent mothers were roughly 40% more likely to exhibit physical aggression toward their children, and this held true even after controlling for demographic, educational, and other background characteristics” (Ng and Kaye, 2013, p.4).

Lack of good parenting can have long-ranging effects on the children of teen parents. Young children of teen mothers are less likely to be prepared to enter the school system and score

lower on assessments of cognition, knowledge, and language development. “In fact, only about two-thirds of children born to teen mothers earned a high school diploma compared to 81 percent of children born to older mothers” (Ng and Kaye, 2012, p.4). In the long term, girls born to teen parents are 22% more likely to become teen parents themselves, continuing the cycle of teen pregnancy. Additionally, the sons of teen parents are 13% more likely to end up in prison as the sons of older mothers (SCAA, 2008). Teen parenting programs give young mothers a reference group and also help to relieve them of child care duties. These programs also provide less intrusive opportunities for social programs to offer help to young moms. Many programs also offer support and guidance to help monitor both the teen parents’ and the child’s physical wellbeing and emotional development.

Parenting programs are not exclusively directed at teenage mothers. Teen fathers also need support and guidance. Although the rate of teenage fatherhood has also declined in recent years to 16 per 1,000, 18% of teen males reported that they would be pleased or a little pleased if they got someone pregnant (Guttmacher Institute, 2014). There were 889 children born to fathers between the ages of 12 and 19 in Bexar County in 2013 (Schlenker, n.d., p.12).

In the San Antonio metropolitan area there are numerous programs available to teen parents to help them form healthy attachments with their children and increase the likelihood of developmental successes for both the parent and the child. In addition to the many parenting classes offered through the Precious Minds, New Connections initiative of the Kronkosky Charitable Foundation (Kronkosky Charitable Foundation, 2016), many area hospitals and service organizations offer a variety of parenting programs from prenatal education through the many stages of a child’s development.

COMMUNITY SUPPORT SERVICES

When a young mother receives encouragement, guidance and support along

with basic care, safety, and shelter they are more likely to become better mothers and continue their efforts with their own developmental struggles. For some teen mothers or expectant teens, a temporary place to stay while the teen and/or her family resolve their own emotional issues related to acceptance of the teen pregnancy is all that is needed. In Bexar County there are two agencies which provide temporary housing for pregnant teens:

- Guadalupe Home provides shelter, food, and clothing, employment/educational programs, counseling, case management, life skills, training, and optional spiritual development (Guadalupe Home, n.d.)
- Seton Home for Pregnant Women provides residential, child care, health, academic, and vocational education, parenting education, infant and child development, and independent living skills training (Seton Home, n.d.)

Teenage pregnancy takes a tremendous toll on teen parents and their families. It also places a hefty financial burden on everyone. “In 2010, teen pregnancy and childbirth account for nearly \$9.4 billion in costs to U.S. taxpayers for increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers” (CDC, 2016).

Federal/State assistance programs available to teen parents include:

- *Temporary Assistance for Needy Families (TANF)* – cash assistance: in Texas, a minor parent must reside with a parent, legal guardian, or other adult relative unless there are extenuating circumstances. Additional requirements include school attendance, attending parenting skills classes, and having no criminal alcohol or drug convictions, among others (Texas Health and Human Services Commission [HHSC], 2013)
- *Supplemental Nutritional Assistance Program (SNAP)* – food assistance: pregnant

women are not required to work to receive this benefit (HHSC, 2016)

- *Medicaid* – TANF recipients receive coverage without a separate application or eligibility determination (eligibility based on income) (HHSC, 2015)
- *CHIP Perinatal* covers the cost of prenatal visits, cost of giving birth, post-natal visits for mom and regular checkups, vaccines, and prescriptions for the baby if the mother does not qualify for Medicaid in her own right (HHSC, 2014)
- *WIC – Women, Infants and Children Program* – nutrition program for pregnant women, new mothers and young children which provides nutrition education and counseling along with help accessing healthcare in addition to food for low-income women and their children (Texas Department of State Health Services [DSHS], 2016)

Various programs exist to encourage and assist young parents to stay in school. The Texas Education Agency provides a variety of programs in public schools which are designed to improve school attendance, increase graduation rates and enhance parenting skills (Texas Education Agency, 2016). Some community organizations work with local school districts to enhance or augment teen parent programs.

The Children’s Shelter in San Antonio, in partnership with the San Antonio Independent School District, offers Project MAS (mothers and schools) – a program that provides homebound instruction, case management, nurturing classes, and home visitation to teen parents. Project MAS Compensatory Education Homebound Instruction (CEHI) works with San Antonio Independent School District to assist teen mothers with schoolwork enabling them to stay in school (The Children’s Shelter, n.d.).

TEEN PREGNANCY PREVENTION

The State of Texas currently advocates Abstinence-Centered Education programs to decrease the teen pregnancy rates (DSHS, 2015). While research on the effectiveness of abstinence-only programs has been mixed, some abstinence programs have been effective

in delaying sexual initiation in middle school students. The U.S. Department of Health & Human Services (HHS) conducted a comprehensive review of existing teen pregnancy prevention programs. The review identifies, assesses and describes the strength of evidence supporting different program models. There were 37 different programs identified with demonstrated evidence of effectiveness (HHS, 2016).

Effective programs tend to fall into one of five categories:

- Curriculum-based education – where both abstinence and contraceptive use is taught through regular school classes and/or through after-school programs
- Service learning programs – focus on engaging teens with their communities and schools through community service activities with teen pregnancy and related problems included in the curriculum
- Youth development programs – a broad approach to help teens think about and plan for their future
- Parent programs – help with communication between parent and child with regards to sex and related issues
- Community-wide programs – involve the entire community through service announcements, educational activities, or community-wide events

(Suellentrop, 2011)

Effective programs have several common characteristics, including:

- There is a clear message – not having sex or using contraception consistently is the right thing to do
- Last more than a few weeks
- Leaders are adequately trained and believe in the program
- Participants are actively engaged and personalize the information
- Address peer pressure
- Teach communication skills

- Reflect the age, sexual experience, and culture of group

(Suellentrop, 2011)

“Teen pregnancy has many causes, and it is unreasonable to expect any single curriculum or community program to make a serious dent in the problem on its own. Making true and lasting progress in preventing teen pregnancy requires a combination of community programs and broader efforts to influence values and popular culture, to engage parents and schools, to change the economic incentives that face teens, and more” (Suellentrop, 2011, p.6).

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