

In the past two decades, teen birth rates have decreased significantly. From 2016 to 2017, there was a decrease in pregnancy in teens aged 15 to 17 by 10%. Going back further, from 1991 to 2017, data shows a decrease in pregnancy by 80% (Martin, Hamilton, Osterman, Driscoll, and Drake, 2018). In 2017, the teen birth rate dropped by 7% from 2016. “2017 birth rates for teenagers aged 15–17 and 18–19 were 7.9 and 35.1 births per 1,000 females, respectively, down 10% and 6% from 2016, to record lows for both groups” (Martin, et al., 2018, p.4). The overall birth rate for teenagers aged 10-14 was 0.2 births per 1,000 females, unchanged from 2016 (Martin, et al., 2018). Despite the record low rate of teen births in 2017, the United States continues to have significantly higher teen birth rates than other developed countries (Centers for Disease Control and Prevention [CDC], 2019).

BIRTHS TO TEEN MOTHERS IN TEXAS

Texas had the 7th highest state teen birth rate in the nation in 2017 with a rate of 27.6 births per 1,000 females aged 15-19 (national rate of 18.8) (Kaiser Family Foundation, 2019).

In Bexar County, there were 2,044 children born to mothers under the age of 19 in 2016. While the birth rate for teens aged 15-19 in Bexar County was slightly below the 2015 state average, it was 49% higher than that of the national rate (City of San Antonio Metropolitan Health District [MetroHealth], 2017).

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

Age of Mother	Total Births	Percentage
10 – 14 Years	37	2%
15 – 17 Years	604	29%
18 – 19 Years	1,403	69%

(MetroHealth, 2017)

Marked disparities continue to be evident when comparing birth rates by ethnicity. More specifically noticeable in Bexar County, Hispanic teens are more than three times as likely as White teens to have a child and African-American teens are more than twice as likely as White teens to give birth. The following table shows the teen birth rates by ethnicity in Bexar County in 2015:

	Hispanic	White	African American	Other
Population Pregnant	1,792	222	142	36
Incidence rate	2.03	.22	1.46	0.31

(Texas Department of State Health Services (DSHS), 2015; U.S. Census Bureau, 2019a,b,c,&d)

	Hispanic	White	African American	Other
Female Ethnic Population (Ages 10-19)	88,225	99,215	9,712	11,511
Female Teens and Preteens Percentage	42.3%	47.5%	4.7%	5.5%

(Data USA, 2015; U.S. Census Bureau, 2019a,b,c,&d)

When compared to the United States average, there are some notable differences and similarities. When looking at teen birth rates in America, Hispanics have 29 births per 1,000 teen women, Non-Hispanic Whites have 13 births per 1,000 teen women, and African Americans have 28 births per 1,000 teen women. Regardless of being in Bexar County or America, there's a common disparity of young women of color having a doubled birth rate than their white counterparts (Power to Decide, 2019a).

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. In 2016, approximately 11% of teen mothers aged 15-19 and 26% of teen mothers under 15 years, received late or no prenatal care. "This proportion drops as the age of the mother increases, reaching a low of 5 percent for women in their thirties" (Child Trends, 2018).

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)
- 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
- Premature birth
- Low-birth-weight baby
- Sexually Transmitted Diseases (STDs) such as Chlamydia and HIV
- Postpartum depression (WebMD, 2017)

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 2016, the national infant

mortality rate was 5.87; the rate for mothers under age 20 was 8.69 (Ely, Driscoll, and Mathews, 2018).

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:

- Cerebral palsy
- Impaired learning
- Vision problems
- Hearing problems
- Dental problems
- Behavioral and psychological problems
- Chronic health issues

(Mayo Clinic, 2017)

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 mothers. In 2016, 89% of all teens who gave birth in San Antonio were not married (MetroHealth, 2017). This could result in serious strain on the mother as 37% of teen fathers becoming significantly uninvolved after only nine months (National Responsible Fatherhood Clearinghouse, n.d.).

Adolescent parents are faced with the challenge of providing for their own children when they are barely out of childhood themselves. "Only 40 percent of teen moms finish high school, and less than 2 percent finish college by age 30" (Power to Decide, 2019b). Due to the absence of particular degrees, many find themselves in financial hardships. In 2017, 30% 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 34% 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 42% of children under the age of 18 living below 150% of the FPL (Kids Count Data Center, 2018).

The Centers for Disease Control and Prevention 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 (CDC, 2019). 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. In 2016, twenty percent of all teen births in San Antonio were a repeat birth, meaning already having had at least one birth (MetroHealth, 2017).

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. “The children of teenage mothers are more likely to have lower school achievement and to drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult” (CDC, 2019).

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 the long term, daughters born to teen parents are three times more likely to become teen parents themselves, continuing the cycle of teen pregnancy (Power to Decide, 2019b).

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 10.4 per 1,000, only 80% of teen males reported that they would be “very upset or a little upset if they were to get a female pregnant” (CDC, 2018). Of the fathers in 2016, only 62% were 18 and older, with 11% under the age of 18, and 27% unknown (MetroHealth, 2017).

COMMUNITY SUPPORT SERVICES

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 (Workforce Solutions, 2017). Many area hospitals and service organizations offer a variety of parenting programs from prenatal education through the many stages of a child’s development.

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 residential care, employment/educational programs, counseling, case management, and life skills training to women ages 18 and older who are pregnant or parenting (Catholic Charities, Archdiocese of San Antonio, n.d.)
- Seton Home for Pregnant Women provides residential care, child care, health, academic, and vocational education, parenting education, infant and child development, and independent living skills training to women 12-17 who are pregnant or parenting (Seton Home, n.d.)

Teenage pregnancy takes a tremendous toll on teen parents, their families, and the government. Federal and state governments provide assistance programs to teen parents including:

- *Temporary Assistance for Needy Families (TANF)* – cash assistance: “in Texas, an unmarried minor parent must reside with a parent, legal guardian, or other adult relative” unless there are extenuating

circumstances (Texas Health and Human Services Commission [HHSC], 2017, p.5). Additional requirements include school attendance, attending parenting skills classes, and having no criminal alcohol or drug convictions, among others (HHSC, 2017).

- *Supplemental Nutritional Assistance Program (SNAP)* – food assistance: pregnant women are not required to work to receive this benefit (HHSC, 2019c)
- *Medicaid* – cover’s doctor’s visits, vaccines, prescription drugs, lab tests, hospital care, glasses, & transportation to the doctor (eligibility based on income) (HHSC, 2019b)
- *CHIP Perinatal* covers the cost of prenatal doctor visits, prescription drugs, prenatal vitamins, labor and delivery, checkups, and other benefits for the baby after leaving the hospital. This program is for pregnant women who do not qualify for Medicaid and don’t have any form of health coverage (HHSC, 2019a)
- *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 (DSHS 2019)

The Texas Education Agency provides a variety of programs in public schools which are designed to improve school attendance, offer counseling services, and enhance parenting skills (Texas Education Agency, n.d.). 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 (SAISD) 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 now advocates for Sex Education and STD Education Programs for Youth to decrease teen pregnancy rates and STD prevention (DSHS, 2017). Research has shown that programs targeting youth have been effective and decreased risk. 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 44 different programs identified with demonstrated evidence of effectiveness (HHS, n.d.).

The San Antonio Teen Pregnancy Prevention Collaborative (SATPPC) is a workgroup of youth serving organization in San Antonio that focus on decreasing the Bexar County teen birth rate. All parties involved follow the Collective Impact Model, which includes a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and backbone support (San Antonio Teen Pregnancy Prevention Collaborative [SATPPC], 2019a). The collaborative focuses on five main areas in efforts to decrease the teen birth rate:

- Stakeholder Education – advocate/promote funding and policies which support adolescent healthcare to prevent teen pregnancy
- Evidence-Based Programs – implement evidence-based programs in areas such as middle and high schools, foster care, juvenile probation, & pregnant teens
- Youth Support & Development – increase amount of long-term mentors and amount of youth populations involved
- Community Mobilization – develop new strategies to increase amount of awareness, campaigns, and clear messages
- Quality Adolescent Health Care – increase number of education staff for more convenient hours and better practices (SATPPC, 2019b).

The current goal of the SATPPC is to “reduce the San Antonio Teen Birth Rate among females ages 15 to 19 by 50%” by year 2020 (MetroHealth, 2017, p.12). These efforts have proven to be effective: between the years 2006 and 2016, the teen birth rate for females ages 15 to 19 in San Antonio declined by 53% (MetroHealth, 2017).

REFERENCES

- Catholic Charities, Archdiocese of San Antonio, Inc. (2016). *Guadalupe Home*. Retrieved from <https://ccaosa.org/family-children-services/>
- Centers for Disease Control and Prevention (CDC). (2018). *Educating and engaging young men in reproductive health*. Retrieved from <https://www.cdc.gov/teenpregnancy/about/educating-engaging-young-men-reproductive-health.htm>
- Centers for Disease Control and Prevention (CDC). (2019). *About teen pregnancy*. Retrieved from <http://www.cdc.gov/teenpregnancy/about/index.htm>
- Child Trends. (2018). *Late or no prenatal care*. Retrieved from <http://www.childtrends.org/?indicators=late-or-no-prenatal-care>
- The Children’s Shelter. (n.d.). *Project mothers and schools*. Retrieved February 8, 2019, from <https://www.childrensshelter.org/we-can-help/project-mas/>
- City of San Antonio Metropolitan Health District (MetroHealth). (2017). *Teen births in San Antonio (Bexar County)*. Retrieved from <https://www.sanantonio.gov/Portals/0/Files/health/HealthyLiving/2016TeenPregnancyReport.pdf?ver=2017-11-28-092020-827>
- Data USA. (2015). *Bexar County, TX*. Retrieved from https://datausa.io/profile/geo/bexar-county-tx/#category_heritage
- Ely, D., Driscoll, A., & Mathews, T. (2018). *Infant mortality by age at death in the United States, 2016*. Retrieved from <https://www.cdc.gov/nchs/products/databriefs/db326.htm>
- Kaiser Family Foundation. (2019). *Teen birth rate per 1,000 population ages 15-19, 2017*. Retrieved from <http://kff.org/other/state-indicator/teen-birth-rate-per-1000/>
- Kids Count Data Center. (2018). *Children below 150% poverty in the United States*. Retrieved from <http://datacenter.kidscount.org/data/tables/46-children-below-150>
- Martin, J., Hamilton, B., Osterman, M., Driscoll, A., & Drake, P. (2018). *National vital statistics reports: Births: Final data for 2017*. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_08-508.pdf
- Mayo Clinic. (2017). *Premature birth*. Retrieved from <https://www.mayoclinic.org/diseases-conditions/premature-birth/symptoms-causes/syc-20376730>
- National Responsible Fatherhood Clearinghouse. (n.d.). *Challenges young fathers face*. Retrieved February 13, 2019, from <https://www.fatherhood.gov/toolkit/work/working-with-young-fathers/challenges-young-fathers-face>
- Power to Decide. (2019a). *National data*. Retrieved from <https://powertodecide.org/what-we-do/information/national-state-data/national>
- Power to Decide. (2019b). *Teen pregnancy*. Retrieved from <https://powertodecide.org/what-we-do/information/why-it-matters>
- San Antonio Teen Pregnancy Prevention Collaborative. (2019a). *About us*. Retrieved from <https://www.satppc.com/About-Us>
- San Antonio Teen Pregnancy Prevention Collaborative. (2019b). *SATPPC logic model*. Retrieved from <https://www.satppc.com/Prevention>
- Seton Home. (n.d.). *Who we serve*. Retrieved February 8, 2019, from <https://www.setonhomesa.org/about/who-we-serve/>
- Texas Department of State Health Services (DSHS). (2015). *Live births (2005+) birth indicator data table builder*. Retrieved from <http://healthdata.dshs.texas.gov/VitalStatistics/Birth>
- Texas Department of State Health Services (DSHS). (2017). *HIV and STD education programs for youth*. Retrieved from <https://www.dshs.state.tx.us/hivstd/info/youth.shtm?terms=teen%20pregnancy%20prevention>
- Texas Department of State Health Services (DSHS). (2019). *About WIC*. Retrieved from <https://texaswic.org/about-wic>
- Texas Education Agency. (n.d.). *Pregnancy related services*. Retrieved February 15, 2019, from http://tea.texas.gov/Texas_Schools/Safe_and_Healthy_Schools/Pr_egnancy_Related_Services/
- Texas Health and Human Services Commission (HHSC). (2017). *Texas state plan - Temporary assistance for needy families*. Retrieved from <https://hhs.texas.gov/reports/2017/10/texas-state-plan-temporary-assistance-needy-families>
- Texas Health and Human Services Commission (HHSC). (2019a). *How to get help: CHIP perinatal*. Retrieved <https://yourtexasbenefits.hhsc.texas.gov/programs/health/women/chip-perinatal>
- Texas Health and Human Services Commission (HHSC). (2019b). *How to get help: Health care*. Retrieved from <https://yourtexasbenefits.hhsc.texas.gov/programs/health/young-adults-and-families>
- Texas Health and Human Services Commission (HHSC). (2019c). *How to get help: SNAP food benefits*. Retrieved from <http://yourtexasbenefits.hhsc.texas.gov/programs/snap>
- U.S. Census Bureau (2019a). *People who are Black or African American alone: 2011-2015 5-year estimates: Table B01001B* Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_B01001B&prodType=table
- U.S. Census Bureau (2019b). *People who are Hispanic or Latino: 2011-2015 5-year estimates: Table B01001I*. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_B01001I&prodType=table
- U.S. Census Bureau (2019c). *People who are Some Other Race alone: 2011-2015: 5-year estimates: Table B01001F*. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_B01001F&prodType=table
- U.S. Census Bureau (2019d). *People who are White alone: 2017 ACS 5-year estimates: Table B01001A*. Retrieved from https://data.census.gov/cedsci/table?q=United%20States&table=B01001A&tid=ACSDT5Y2017.B01001A&g=0100000US_0500000US48029_0400000US48&lastDisplayedRow=30&hidePreview=true&moe=false
- U.S. Census Bureau (2019d). *People who are White alone: 2018 ACS 1-year estimates: Table B01001A*. Retrieved from https://data.census.gov/cedsci/table?q=United%20States&table=B01001A&tid=ACSDT1Y2018.B01001A&g=0100000US_0500000US48029_0400000US48&lastDisplayedRow=19&hidePreview=true&moe=false
- U.S. Department of Health & Human Services (HHS). (n.d.). *Evidence-based TPP programs*. Retrieved February 13, 2019, from <https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/index.html>
- WebMD. (2017). *Teen Pregnancy: Medical risks and realities*. Retrieved from <https://www.webmd.com/baby/teen-pregnancy-medical-risks-and-realities#3>
- Workforce Solutions. (2017). *Free and low-cost parenting classes offered in the Alamo Region*. Retrieved from <http://www.workforcesolutionsalamo.org/wp-content/uploads/2015/03/parenting-classes-7.2017.pdf>

