

# Abstinence Education Is to Blame for Rising Teen Birth Rates

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*Teen Pregnancy and Parenting*, 2011

*Contraceptive Technology Update*, "Teen Birth Rate Rises, Reversing 14-Year Decline—What Is Behind the Numbers?" April 1, 2009. Copyright © 2009 AHC Media LLC. All rights reserved. Reproduced by permission.

*Contraceptive Technology Update* provides objective analysis of the latest research and news on existing and emerging contraceptives.

Strides in lowering teen pregnancy rates have been reversed. The latest report from Centers for Disease Control and Prevention's National Center for Health Statistics shows that the teen birth rate increased in more than half of all 50 states in 2006, reversing a 14-year drop in numbers. About two-thirds of the increase is attributed to teens ages 18-19, with one-third to teens ages 15-17.

## Teen Birth Rates

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Nationally, the U.S. teen rate increased from 40.5 births per 1,000 women ages 15-19 in 2005 to 41.9 in 2006. Mississippi, with 68.4 births per 1,000 teen girls ages 15-19, recorded the highest teen birth rate, followed by New Mexico (64.1) and Texas (63.1). Teen birth rates in 2006 were lowest in the Northeast, led by New Hampshire (18.7), Vermont (20.8), and Massachusetts (21.3). The only states with a decrease in teen birth rates between 2005 and 2006 were North Dakota (26.5), Rhode Island (27.8), and New York (25.7).

"It may be that one of the nation's most extraordinary success stories of the past two decades is coming to a close," says Sarah Brown, CEO [chief executive officer] of The National Campaign to Prevent Teen and Unplanned Pregnancy in Washington, DC. "Although teen pregnancy and birth rates have declined by about one-third since the early 1990s, many recent signs, including trends in teen sex and contraceptive use, seemed to have stalled or perhaps gone in the wrong direction."

## Take a Closer Look

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A review of the new data gives further insight into women's health trends:

- A total of 4.3 million births were registered in the United States in 2006, a 3% increase over 2005. The birth rate was 14.2 live births per 1,000 people in 2006, also representing an increase from 2005.
- The average age of mothers giving birth for the first time decreased from 25.2 in 2005 to 25 years in 2006, the first decline in age since the measure became available. The average age at first birth had increased 3.8 years from 1970 to 2003.
- The birth rate for unmarried women increased 7% between 2005 and 2006. There were 50.6 births per 1,000 unmarried women ages 15-44.
- Women were less likely to receive timely prenatal care in 2006. Prenatal care utilization rose steadily from 1990 to 2003, but it remained flat in 2004 and 2005.
- The low birth weight rate (defined as less than 5.5 pounds) rose to 8.3% in 2006, the highest level in four decades. The preterm birth rate also rose in 2006, to 12.8% of all births.

The federal government's emphasis on abstinence education has left teens without the information they need to make responsible decisions about contraception.

According to an analysis of the 2006 statistics by Child Trends, a Washington, DC-based research group, birth rates per 1,000 females ages 15-19 among Hispanic teens (83) were higher than rates among non-Hispanic black teens (63.7), American Indian teens (54.7), non-Hispanic white teens (26.6), and Asian teens (16.7).

According to the analysis, Hispanic teens represent an important risk group because they are part of the fastest-growing segment of the population. Research indicates that sexually experienced Hispanic adolescents are less likely than other teens to talk to their partners about contraception before sex and to use contraception.

The group that promised to remain abstinent was significantly less likely to use birth control, especially condoms, when they did have sex.

## Abstinence Education

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Why the rise in teen births? It might be that the federal government's emphasis on abstinence education has left teens without the information they need to make responsible decisions about contraception, Brown observes.

Abstinence-only sex education programs are required to present only the benefits of abstinence to adolescents, so students end up learning one-sided and sometimes incorrect information about condoms and birth control, says Janet Rosenbaum, PhD, a postdoctoral fellow at the Johns Hopkins Bloomberg School of Public Health and the Johns Hopkins STD [sexually transmitted disease] Center in Baltimore. Rosenbaum recently published results of a study that compared teens who took an abstinence pledge with teens of similar backgrounds and beliefs who did not. Findings indicated no difference in pledgers'/nonpledgers' sexual behavior, the age at which they began having sex, or the number of partners; however, the group that promised to remain abstinent was significantly less likely to use birth control, especially condoms, when they did have sex.

A 2004 review found incorrect information in 11 of 13 federally funded abstinence programs, with most of the incorrect material surrounding birth control and condom effectiveness.

More than 90% of abstinence funding does not require that curricula be scientifically accurate. A 2004 review found incorrect information in 11 of 13 federally funded abstinence programs, with most of the incorrect material surrounding birth control and condom effectiveness. Despite those findings, the U.S. government allotted \$176 million in FY [fiscal year] 2008 to support programs that exclusively promote abstinence-only behavior outside of marriage.

Abstinence-only programs are not allowed to mention the ways in which condoms protect against disease, only that they do not protect fully against all diseases, Rosenbaum notes. Commonly used abstinence-only curricula do not provide complete, current, or accurate medical knowledge about the effectiveness of condoms, confirms a 2008 review of programs.

## Comprehensive Sex Education

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Can comprehensive sex education programs make a difference? A 2008 assessment of 56 education programs

indicates abstinence-only programs do not delay initiation of sex. However, most comprehensive programs, which emphasize abstinence and the use of protection for those who do have sex, showed strong evidence of positive influence on teens' sexual behavior, including delaying initiation of sex and increasing condom and contraceptive use.

Complacency might have become the enemy of progress when it comes to teen pregnancy, says Brown. Fourteen consecutive years of declines in the teen birth rate might have led to a "ho-hum" view of the issue and diverted important attention, resources, and funding to other pressing issues, she states.

"Let's hope this sobering news on teen births serves as a wake-up call to policy-makers, parents, and practitioners that all our efforts to convince young people to delay pregnancy and parenthood need to be more intense, more creative, and based more on what we know works," says Brown.

Increased funding for teens in need might be harder to get. The Medicaid Family Planning State Option was dropped from the recently implemented federal economic stimulus bill. The option would have allowed states to expand their Medicaid family planning services without having to go through the burdensome Medicaid waiver process. Teens use publicly funded programs; adolescents represent about one in four (28%) contraceptive clients served by publicly supported clinics.

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## Further Readings

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