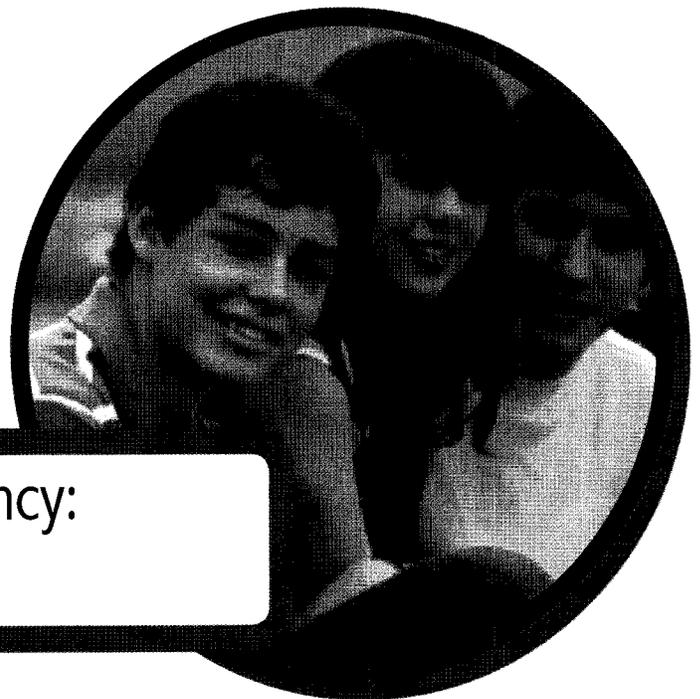


Montana Teen Pregnancy Report



Trends in Teen Pregnancy:
1995-2009

Montana Department of Public Health and Human Services
Public Health and Safety Division
Family and Community Health Bureau
Women's and Men's Health Section



Since 1995, teen pregnancy and birth rates have decreased significantly in Montana. However, the pregnancy rate among older teens does not appear to be decreasing; instead there appears to be a slight increase in the teen pregnancy rate for older teens since 2006.¹

Pregnancies: In 2009, 1,629 females aged 15-19 and 8 females under the age of 15 became pregnant. Each day in 2009, approximately 4 teens became pregnant.

Births: In 2009, there were 1,265 births to females aged 15-19 and only 2 births to females under the age of 15. Each day in 2009, approximately 3 teens gave birth.

National Comparison: From 1995 to 2007, the United States teen birth rate declined by approximately 23%. During the same time period in Montana, the teen birth rate declined by 12%. In 2007, 20 states had teen birth rates lower than Montana's.²

Prior Births (Teen mothers with more than 1 birth):

- Nationally, 19.6% of births to teens are subsequent births.
- In Montana, 17.4% of births to teens are subsequent births.

Figure 1: Montana teen pregnancy, 1995-2009

Number of pregnancies	1995	2000	2005	2008	2009	Percent Change: 1993-95 to 2007-09	Percent Change: 2004-06 to 2007-09
Under 15 years	26	21	22	20		*	*
15-17 years	720	601	530	503		-31.0	-4.6 [^]
18-19 years	1252	1150	1078	1177		-7.6	1.9 [^]
15-19 years	1972	1751	1608	1680		-16.1	-0.1 [^]
Pregnancy rates per 1,000	1995	2000	2005	2008	2009	Percent Change: 1993-95 to 2007-09	Percent Change: 2004-06 to 2007-09
15-17 years	35.2	28.0	25.8	25.4		-31.1	-2.6 [^]
18-19 years	96.7	87.4	79.4	85.8		-15.9	0.4 [^]
15-19 years	59.0	50.6	47.1	50.2		-19.3	-1.8 [^]

Figure 2: Montana teen birth, 1995-2009

Number of births	1995	2000	2005	2008	2009	Percent Change: 1993-95 to 2007-09	Percent Change: 2004-06 to 2007-09
Under 15 years	12	6	16	9		*	*
15-17 years	469	406	349	367		-24.0	1.1 [^]
18-19 years	929	861	836	945		-0.0 [^]	3.0 [^]
15-19 years	1398	1,267	1185	1312		-8.2	2.4 [^]
Birth rates per 1,000	1995	2000	2005	2008	2009	Percent Change: 1993-95 to 2007-09	Percent Change: 2004-06 to 2007-09
15-17 years	22.9	18.9	17.0	18.6		-24.1	4.7 [^]
18-19 years	71.7	65.5	61.6	68.9		-9.1	3.2 [^]
15-19 years	41.8	36.6	34.7	39.2		-11.7	4.7 [^]

Source: Montana Office of Vital Statistics and US Census Estimates ^ Indicates change not statistically significant

* Under 15 years: The number of births to teens under 15 is small, however, it is important to recognize the implications of a birth at such a young age to the girls and families involved. Because the number of births to girls under 15 years can fluctuate greatly from year to year, rates and change over time are not shown for teens in this age group.



Although about 6% of Montana's population is American Indian, more than one in four teen births are to an American Indian teen.

The 2007 birth rate for non-Hispanic white females aged 15-19 years in Montana was not statistically different than the national rate for females of the same age and race. However, American Indian teens in Montana continue to have higher birth rates than American Indian teens in the United States overall, and than white teens in Montana. As shown in Figure 3, the three year birth rate (2007-2009) for American Indian teens is 105.6 per 1,000 compared to 30.2 per 1000 for white teens in Montana.

Figure 3. Montana teen (15-19) birth rates, by race, 2004-2006 and 2007-2009

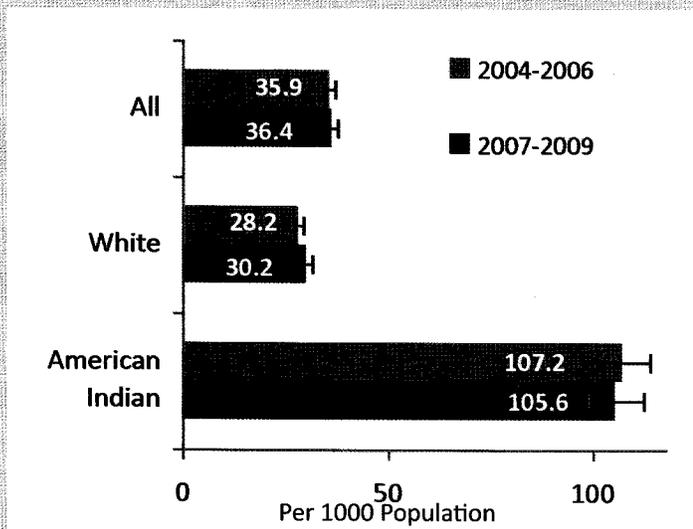


Figure 4: Teen (15-19) birth by race, United States vs. Montana, 2007

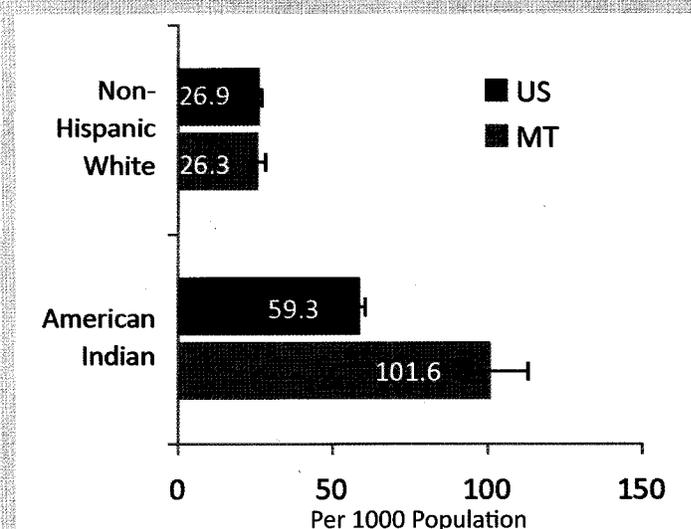


Figure 5: Montana teen (15-19) birth rates, 3 year averages, 1995-2009

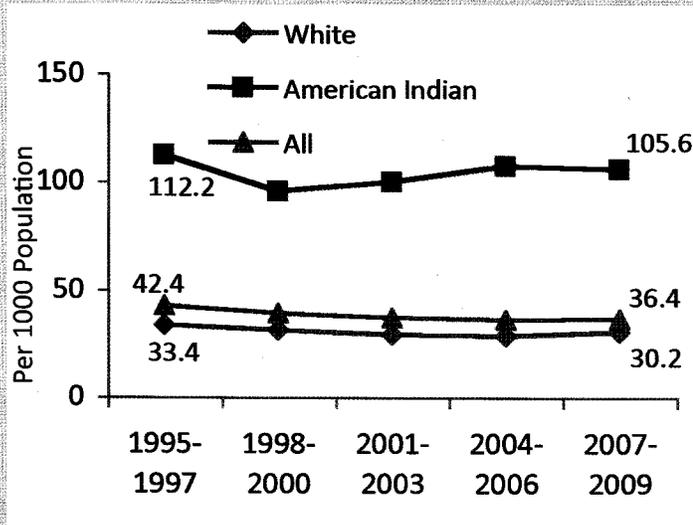
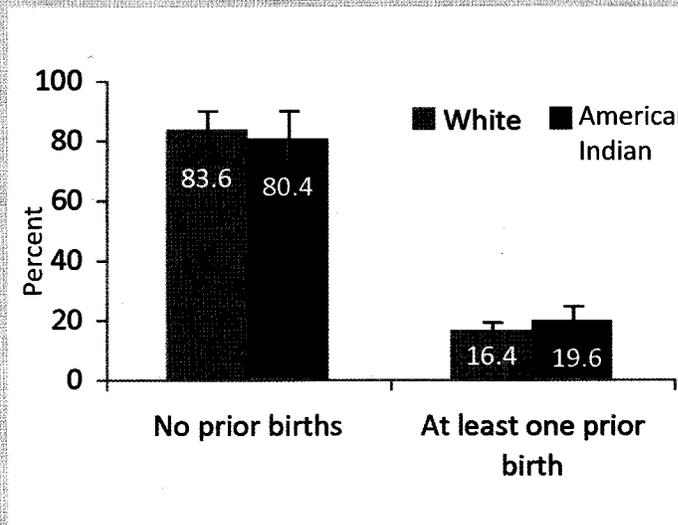


Figure 6: Prior births among Montana teens (15-19) who gave birth in 2009

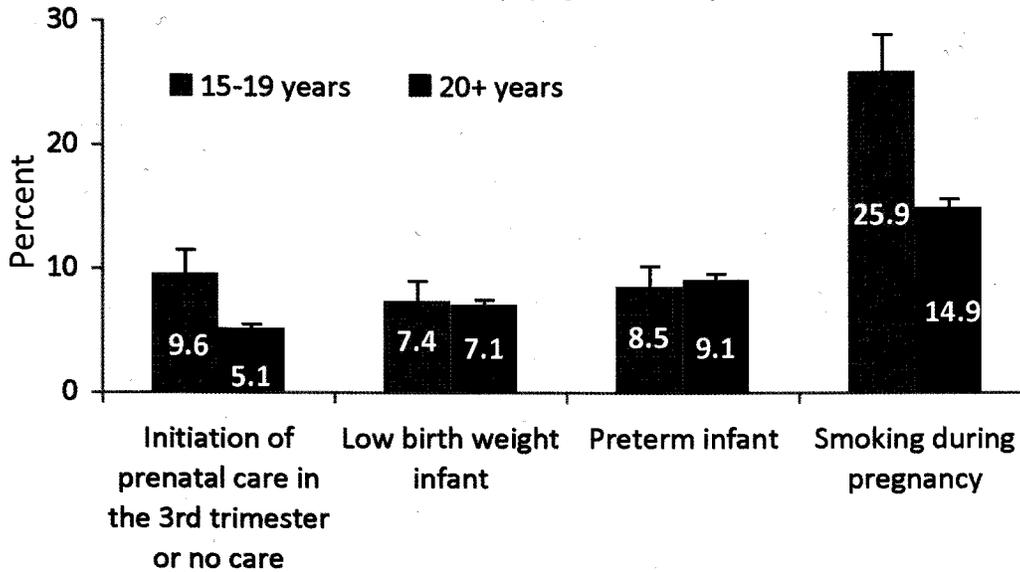


Prior Births: Sixteen percent of white teens who gave birth in 2009 had at least one prior birth, and almost 20% of American Indian teens who gave birth in 2009 had at least one prior birth.



Montana teens are more likely to receive late or no prenatal care compared to adult women.

Figure 7: Prenatal care initiation, low birth weight, preterm birth, and smoking during pregnancy in Montana, by age of mother, 2009



- Nationally, females who have not received prenatal care are three times more likely to have low birth weight babies (less than 2,500 grams/5 lbs. 8 oz.).³
- Low birth weight status can have serious long-term medical consequences.
- Along with age of the mother, there are many factors that can contribute to low birth weight including poverty, smoking and access to health care.⁴

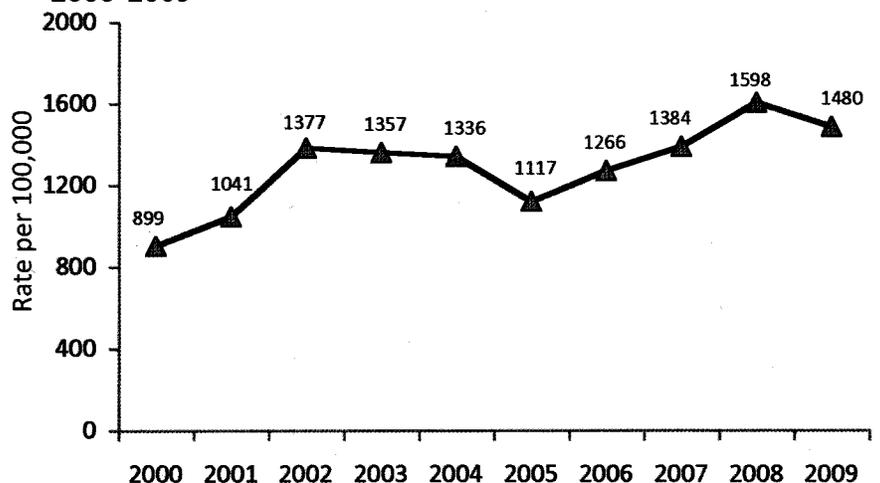
Note: Scale is not to 100

Source: Montana Office of Vital Statistics I = 95% Confidence Interval

Teens ages 15-19 accounted for 34% of positive chlamydia tests in Montana in 2009.

- Nationally, teens aged 15-19 accounted for 35% of chlamydia cases reported in 2008. Between 2007 and 2008, the national chlamydia rate among 15-19 year olds increased by 10.7%.⁷
- In Montana, the American Indian chlamydia rate for teens aged 15-19 was five times higher than the rate for white teens. While this suggests an over-representation of chlamydia in the American Indian population, it could be due to the aggressive screening programs by tribal health departments and the Indian Health Service.

Figure 8: Chlamydia rates in Montana among teens aged 15-19, 2000-2009



Source: U.S. Census Bureau, American Community Survey 3 year Estimates: 2006-2008, <http://factfinder.census.gov>. MT Department of Public Health and Human Services, STD/HIV Prevention Section, 2010.

Sexual activity among teens in Montana does not appear to have decreased over the past 14 years. In 1995, 32.2% of high school students reported that they were sexually active, exactly the same percent as in 2009.



Not surprisingly, teen sexual activity increases with age. In 2009, 20.3% of 9th graders reported being currently sexually active (having sexual intercourse with at least one person during the previous 3 months), while 50.2% of 12th graders said they were currently sexually active.

Figure 9: High school students who have ever had sex, by grade, United States vs. Montana, 2009

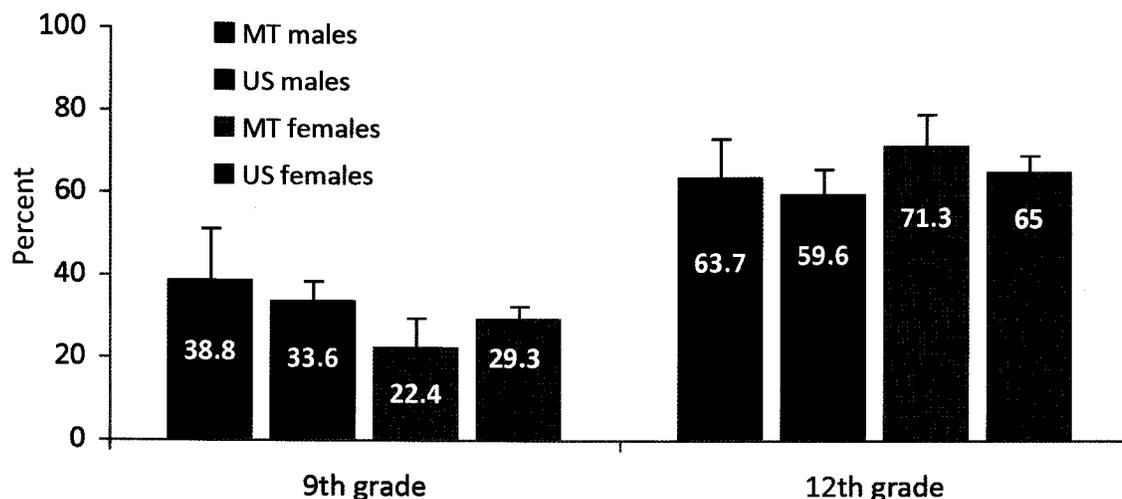
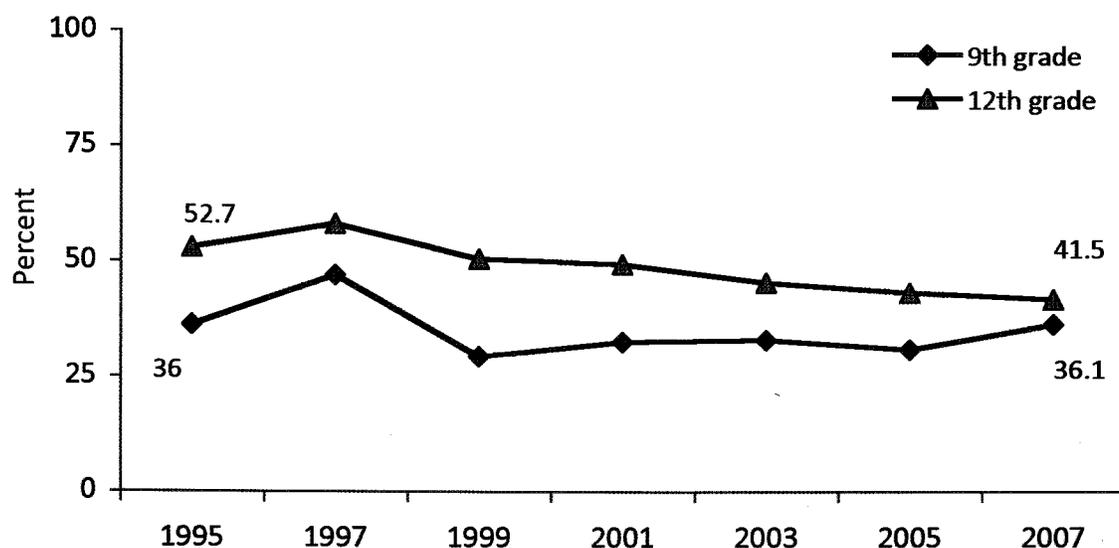


Figure 10: Montana high schools students who used a condom at last intercourse, by grade, 1995-2009



Source: Youth Risk Behavior Survey I = 95% Confidence Interval



Early pregnancy and childbearing are closely linked to other social issues, including poverty and income disparity, overall child well-being, out-of-wedlock births, and education.

Risk factors encourage behaviors that might lead to pregnancy or sexually transmitted infections (STIs) or discourage behaviors that might prevent those outcomes. Common risk factors for teen pregnancy include lower socioeconomic status and levels of education. Teens who engage in some types of risk-taking are more likely to engage in behaviors that increase risk for teenage pregnancy. Research has shown an association between the following risk behaviors and teen pregnancy.⁸

Figure 11: Montana and United States comparison of associated risks, 2009

Rode with a driver who had been drinking	28.8 (25.0–33.0)	28.3 (26.7–29.9)
In a physical fight one or more times in last year	31.7 (27.3–36.4)	31.5 (30.1–32.9)
Tobacco use (smoking, chew, snuff, dip)	31.3 (27.1–35.8)	26.0 (23.8–28.3)
Used marijuana in last 30 days	23.1 (20.1–26.4)	20.8 (19.4–22.3)

Source: Youth Risk Behavior Survey

In terms of economic costs, teen childbearing costs taxpayers at least \$9 billion each year in the US, including public sector health care costs, increased child welfare costs, increased prison costs, and lost tax revenue.⁹

In Montana, the cost to taxpayers (federal, state, and local) associated with teen childbearing is estimated to be at least \$18 million in 2004, of which \$8 million (46%) are federal costs and \$10 million (54%) are state and local costs. The costs of childbearing are greatest for younger teens. The average annual cost associated with a child born to a mother 17 years of age or younger is \$3,285.¹⁰



- **ADULT:** Montana law defines the age of majority as age 18. Individuals aged 18-19 are included in the teen rates for this report even though they are legal adults.
- **BIRTH RATE:** The number of live births per 1000 individuals in the population in a given time period. The teen birth rate is the number of live births to females 15 to 19 years old per 1000 population of females age 15-19.
- **LIVE BIRTH:** The birth of a child who shows evidence of life, including heart action, breathing, and movement of voluntary muscles.
- **LOW BIRTH WEIGHT:** The weight of a live-born infant at less than 2500 grams (about 5 lbs. 8 oz.).
- **PREGNANCY RATE:** The number of reported pregnancies per 1000 females ages 15-44 for a given time period.
- **PRENATAL CARE:** Describes the health and supportive services provided to a woman during her pregnancy. Prenatal care generally consists of an ordered series of visits to health professionals, with the visits occurring monthly early in the pregnancy and weekly during the last month of pregnancy.
- **PRETERM BIRTH:** A birth that takes place before 37 completed weeks of gestation.
- **RISK FACTOR:** An attitude, belief, situation and/or action that increase the likelihood for poor health and social outcomes of an individual, a group, organization, or community.
- **TEEN/TEENAGER:** For this report, a teenager is any individual in the age range of 15-19. Specific age groupings are indicated when needed.
- **TEEN PREGNANCY RATE:** The number of pregnancies to females aged 15-19 per 1000 females aged 15-19.
- **THREE YEAR RATES:** Three year rates are used for most of the figures that show trends in birth or pregnancy rates over time due to the small numbers of events and populations in Montana.

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