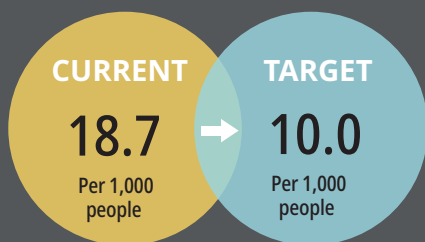


## HEALTH INDICATOR 15: TEEN BIRTH RATE

### DESIRED RESULT: IMPROVE SEXUAL HEALTH



#### DEFINITION

Number of births to girls aged 15-19 per 1,000 population

#### DETAILS

Not Applicable

#### NC TEEN BIRTH RATE (2018)

18.7 per 1,000

#### 2030 TARGET

10.0 per 1,000

#### RANGE AMONG NC COUNTIES

3.2 - 41.5 per 1,000

#### RANK AMONG STATES

23rd\* (2017)

#### DATA SOURCE

NC State Center for Health Statistics, Vital Statistics

#### STATE PLANS WITH SIMILAR INDICATORS

Not Applicable

\*Rank of 1st for state with lowest teen birth rate

#### Rationale for Selection:

Having a child during one's teenage years is associated with social, health, and financial burdens to the teen parents, their families, and their communities. Teenage mothers are less likely to complete high school and more likely to live in poverty. Children born to teenage parents are less likely to succeed in school, and more likely to drop out of school and be involved in the criminal justice system. Although the teen birth rate in North Carolina has decreased significantly, teen births remain high among American Indian, African American, and Hispanic populations.

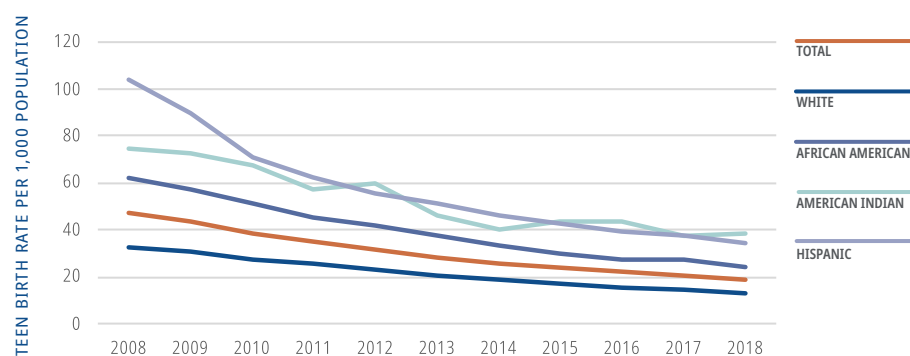
#### Context

Young mothers and their babies face a host of negative health and economic outcomes. In North Carolina, the teen birth rate in 2018 was 18.7 per 1,000, a figure that exceeds the national rate of 17.4 per 1,000.<sup>110,127</sup> Despite reductions in the rate over the last decade, more than 8,800 mothers under the age of 19 gave birth in 2017.<sup>129</sup> Teenage girls may have underdeveloped reproductive systems and may face higher rates of pregnancy-related morbidity.<sup>130</sup> They are also less likely to receive early prenatal care.<sup>131</sup> From a mental health perspective, teenage mothers are more likely to suffer from psychological trauma associated with pregnancy and may be at higher risk for postpartum depression.<sup>132,131</sup> Babies born to teenage mothers are more likely to have low birth weight, pre-term delivery, and other complications.<sup>131</sup>

Teenage mothers are more likely to drop out of school and may not attain the same level of education as their childless peers.<sup>131</sup> Thus, they are more likely to work lower-wage jobs and have lower lifetime earning potentials. They are also more susceptible to intimate partner violence and mistreatment by family members, which can compound psychological distress, and negatively impact both their children's lives and their own.<sup>132</sup> Psychological distress associated with birth and interpersonal violence increases the likelihood that teenage mothers will use substances, have repeat pregnancies, and that the children of teenage mothers will suffer depression and other psychological barriers.<sup>132</sup>

FIGURE 27

Teen Birth Rate in North Carolina, by Race/Ethnicity, 2008-2018



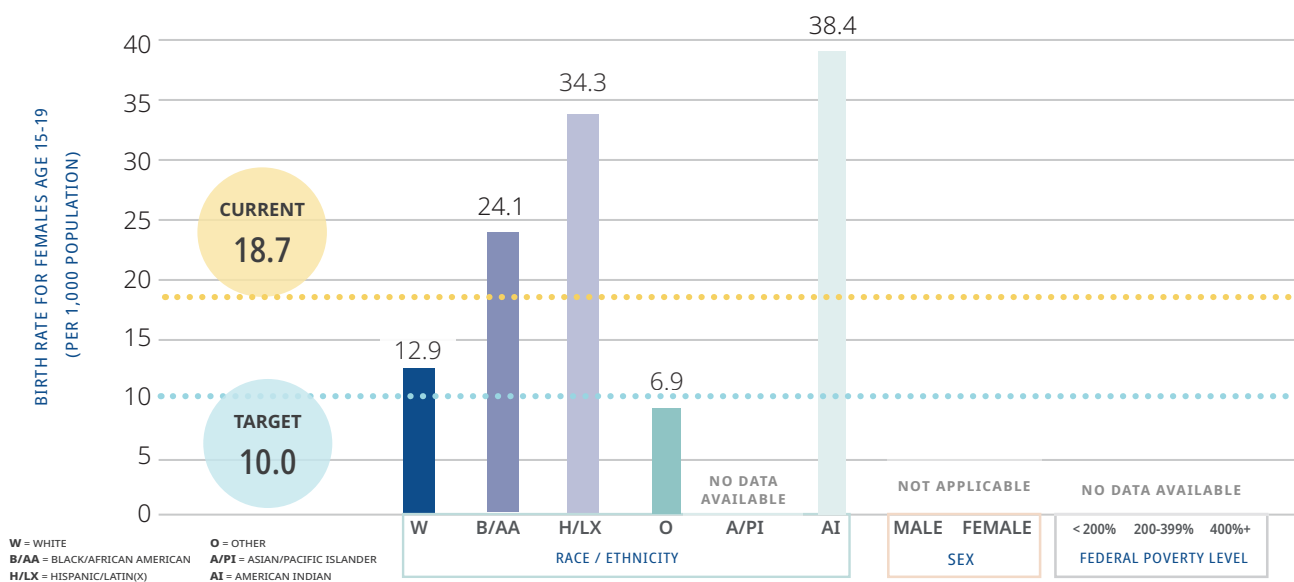
Source: North Carolina State Center for Health Statistics. Decline in Teen Births in North Carolina, 1996-2015. July 2017. [https://schs.dph.ncdhhs.gov/schs/pdf/SB\\_47\\_20170726.pdf](https://schs.dph.ncdhhs.gov/schs/pdf/SB_47_20170726.pdf); Vital Statistics - Pregnancies, Fertility

## HEALTH INDICATOR 15: TEEN BIRTH RATE

### DESIRED RESULT: IMPROVE SEXUAL HEALTH

FIGURE 28

Teen birth rate across populations in North Carolina and distance to 2030 target



### Disparities

Income level, childhood trauma, racial identity, and geography all affect the teen birth rate. Girls from low-income families and those in the child welfare system are at higher risk of giving birth as a teenager than their more affluent peers.<sup>133</sup> History of adverse childhood experiences (ACEs) correlates with likelihood of teenage pregnancy and birth, as almost half of teenage mothers have a history of childhood sexual abuse or trauma.<sup>132</sup>

Despite the recent downward trend in the teen birth rate, large disparities remain between racial and ethnic groups. African American, Hispanic, and American Indian girls give birth at rates that are more than two to three times that of white girls (Figure 28).<sup>110</sup> These disparities can be traced to persistent racial segregation of neighborhoods that contributes to sharp income inequality, poor economic development, and under-resourced schools associated with lower educational attainment and the number of safe recreational and social opportunities for teens.<sup>134</sup>

Also, rural areas tend to face higher teen birth rates than their metropolitan counterparts. This disparity is particularly acute as the recent improvements in teen birth rates have largely only occurred in metropolitan areas.<sup>134</sup>

### 2030 Target and Potential for Change

The HNC 2030 group reviewed data across several years, populations, and states and a forecasted value for North Carolina based on historical data to determine a target for 2030. Recent trends show an increasing use of long-acting reversible contraceptives (LARCs), such as intrauterine devices (IUDs) and implants, which are more effective than other forms of birth control, as well as decreases in high school age girls having sexual intercourse (41.4% in 2015, compared to 57.6% in 1995).<sup>135</sup> With the strong downward trends and continued work to decrease rates further, the group chose 10.0 teen births per 1,000 population as the target for 2030. To meet this target, it will be critical to focus on reducing the disparities we see in teen birth rates for American Indians, Hispanics, and African Americans.

### Levers for Change

(National Conference of State Legislatures, 2018)

- Increase access to long-acting reversible contraceptives, such as IUDs and implants, as well as condoms
- Ensure access to information and services for youth sexual health
- Examine school sex education policies to ensure they include information on how to avoid teen pregnancy and sexually transmitted infections