

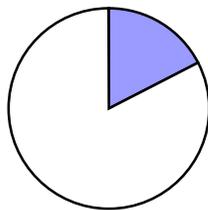


Teenage Pregnancy in Minneapolis

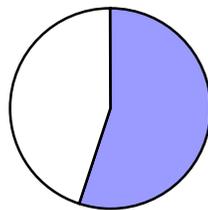
Background

- Teen pregnancies add to long-term poverty, increased reliance on public assistance, and family instability. Families that started with a teen birth account for more than half of Minnesota’s welfare recipients.¹
- Children of teen parents face higher risks for poor birth outcomes, such as low birth weight, pre-term birth, and infant death.
- Children of teen parents tend to have more childhood health problems and to be hospitalized.²
- National data indicates that while 7 out of 10 teen mothers complete high school, they are less likely than women who delay childbearing to go on to college.²

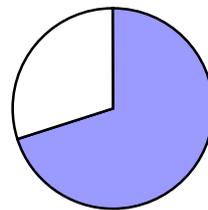
Hennepin County families that began with a teen birth



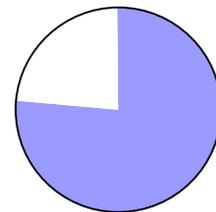
17.4%
All Families



55.0%
Long-term
MFIP Families



70.0%
Families with
delinquents
Under 10



76.4%
200 Most
Costly Families

Source: Hennepin County Fact Sheet. Center for Health Policy & Community Services Integration.

Statistics

- In general, teenage births account for 13% of all births in the city.
- In 1999, there were 1,745 teen mothers in Minneapolis with an estimated 2,138 children. (This includes new births to teens and previous births to mothers who are still teens.)
- Teenage pregnancy rates, birth rates, and abortion rates in Minneapolis have all decreased over the past decade. This decrease is seen in Minnesota and the nation as well.
- Research suggests these rates have decreased due to a combination of demographic and behavioral factors; fewer teens are having sex, more adolescents are using better contraceptives.

- In Minneapolis, the teenage pregnancy rate decreased 32% from 1990 to 2000. However, this rate is over twice as high as that in the state of Minnesota (93.4 vs. 41.4 in 2000).
- Decreasing rates of teen pregnancy are a good sign but they do not necessarily translate into fewer numbers of teen pregnancies and births. This is because the population of teenagers is increasing. Nationally, the population of 15-19 year olds is expected to increase by 10% between 2000 and 2010.⁵

**Minneapolis pregnancy, birth, and abortion rates
per 1,000 females aged 15-19**

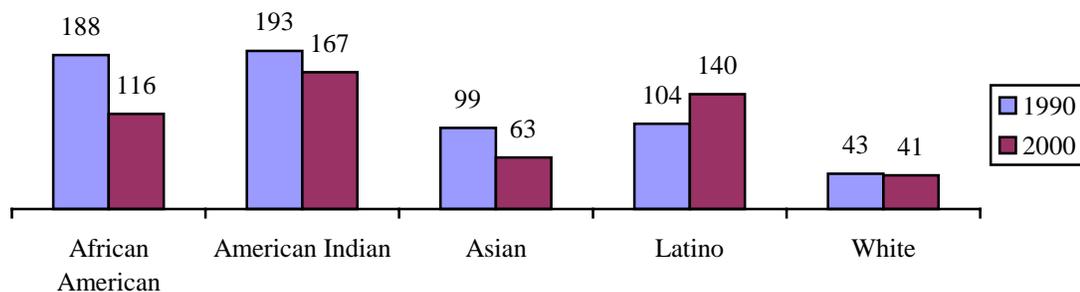
	1990	2000
Teen pregnancy rate	137.0	93.4
Teen birth rate	86.3	62.4
Teen abortion rate	50.8	31.0

- In a 1998 report that compares the 50 largest cities in the US, Minneapolis ranked number 20 for percent of total births to teens. At this time, the percent of births to teens in Minneapolis was 13.9% and the 50-city average was 14.7%.³

Impacted populations

There is a substantial difference in the rate of teen births among racial groups. Although the rates for most races have decreased over the past decade, American Indians, Latinos, and African Americans in Minneapolis still experience rates three to four times that of whites.

Minneapolis teenage birth rates



Rate per 1,000 females aged 15-19

Over the past few years, Minneapolis communities have seen a decrease in the percentage of births to teenagers 19 years and younger, with the exception of Camden and Nokomis. In other communities where rates have declined, there is still cause for concern. In

particular, Phillips and Near North Communities have over 20% of their births attributable to teen moms.

Percentage of births to teenagers 19 years and younger

	1994-1996	1998-2000
Camden	15.8	19.1
Northeast	12.4	9.7
Near North	27.4	25.2
Central	16.0	15.1
University	8.8	6.1
Calhoun Isles	5.0	3.9
Phillips	24.0	22.7
Powderhorn	18.2	16.2
Longfellow	9.4	8.1
Nokomis	5.5	6.6
Southwest	3.1	2.5

Effective strategies

Teen pregnancy can be decreased by delaying the onset of sexual activity and increasing the use of contraceptives. Research has found the following strategies to be effective:¹

Comprehensive sexuality education that includes information about abstinence and contraception

What the City is doing:

- Youth Risk Behavior grant to Minneapolis Public Schools for the implementation of the Life Skills Curriculum in middle schools.
- Community advocacy to promote comprehensive sexual education curriculum

What the research says:

- No published scientific research has shown that abstinence-only education have actually delayed the onset of intercourse or reduced any other measure of sexual activity among teens. In contrast, comprehensive sexuality education is effective in providing adolescents with the tools to make responsible choices about their sexual health.⁴
- In addition, research has shown that balanced programs – that discuss both abstinence and contraception, including condoms – do not increase sexual intercourse among teens.

Youth development and service learning

What the City is doing:

- Youth Risk Behavior and TANF teen pregnancy prevention grants to community organizations for youth development and risk reduction.

What the research says:

- According to the most comprehensive review of teen pregnancy prevention programs, “service learning programs may have stronger evidence that they reduce actual teen pregnancy rates while youth are in the programs than any other type of intervention. Four different studies, three of which evaluated programs in multiple locations, have consistently indicated that service learning reduces either sexual activity or teen pregnancy.”⁵

Publicly funded family planning services such as school based clinics

What the City is doing:

- MDHFS provides on-site services and contraceptive supplies through its School Based Clinics. All family planning services incorporate counseling to help students make decisions about their sexual behavior and make sure that students requesting contraception have an understanding of how to use the method and reduce their risks of pregnancy and sexually transmitted infections.
- Community advocacy to protect minors’ consent

What the research says:

- A comprehensive review of evaluations of school-based and community-based family planning clinics found that clinics which gave clear messages about abstinence and contraception, provided or prescribed contraception and offered opportunities for one-on-one counseling were the most likely to increase use of contraception among sexually active adolescents.⁵
- The same review documents that research has consistently shown that the provision of condoms or other contraceptives through schools does not increase sexual activity.
- MDHFS found that direct dispensing of contraceptives improves access to contraceptives compared to a voucher method. Other research provides evidence that improving adolescents’ access to contraception increases actual use.⁶
- Research has demonstrated that mandatory parental involvement or notification drastically affects adolescent decision-making and reduces the likelihood that teens will seek timely treatment.
 - Only 45% of teens would seek care for depression if parental notification was required
 - Less than 20% would seek care related to birth control, STDs or drug abuse if parental notice was mandated
 - 80% of unmarried adolescent females would not seek care if their parents had to be told, but fewer than 1% would discontinue sexual relations.⁷

Prevention of repeat births to teens

What the City is doing:

- TANF funding for home visiting to teens with a focus on keeping them in school and preventing repeat pregnancies.
- Broadway School Clinic – school for pregnant and parenting teens.
- Not Ready Now Program – providing counseling, future planning, and incentives to avoid second pregnancies.

What the research says:

- Teen mothers are at high risk for having a repeat birth. National data shows the rate of births among girls who are already mothers is 4.5 times higher than the birth rate for other teens.⁵
- Given the high likelihood of repeat births among teen moms, literature suggest extending multidisciplinary, adolescent-oriented maternity programs beyond the immediate postpartum period and providing care for both parents and their children.⁸

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¹ MOAPPP. MOAPPP Monitor. Winter 2002.

² The Alan Guttmacher Institute. Facts in Brief: Teen Sex and Pregnancy. 1999

³ The Annie E. Casey Foundation. Child Trends KIDS COUNT Special Report: The Right Start City Trends.

⁴ MOAPPP. Fact Sheet: Positive Sexual Health Promotion Through Comprehensive Sexuality Education.

⁵ Kirby, Douglas. Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy. National Campaign to Prevent Teen Pregnancy. May 2001.

⁶ Kirby D, Short L, Collins J, Rugg D, Kolbe L, Howard M, Miller B, Sonenstein F, Zabin LS. School-based programs to reduce sexual risk behaviors: a review of effectiveness. *Public Health Reports*. 1994; 109 (3):339-60.

⁷ Council on Scientific Affairs, American Medical Association. 1993. Confidential Health Services for Adolescents. *JAMA*. 269(11): 1420-24.

⁸ Stevens-Simmon C, Kelly L, Singer D. Preventing repeat adolescent pregnancies with early adoption of the contraceptive implant. *Family Planning Perspectives*, 31(2):88-93. 1999.