Why we care about teen pregnancy

Teen pregnancy affects the long-term well-being of families and communities. Teen pregnancy is associated with serious health risks for the mother and child. For example, Rhode Island women younger than 20 years old are more likely to use tobacco during pregnancy and have late prenatal care and are less likely to breastfeed.1 Teen pregnancy and parenting also contribute to higher high school drop-out rates and lower income and educational attainment.2 For fathers, education statistics are similar; between 2002 and 2006, 40% of infants born to teens had fathers with a high-school diploma or less. Children of teen parents are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teen, and face unemployment as a young adult.3 In Rhode Island in 2008, public sector costs associated with teen childbearing were estimated at nearly $49 million.4

Community strengths

• The number and rate of teen pregnancies have been decreasing—and at a sharper rate in Providence (32%) than across Rhode Island (28%) during 2007-2011. (See Figure 1 on the next page.)

• Most Providence teens want to continue their education. Slightly more Providence 12th graders had planned to attend college during the 2010-2011 school year (92%) than their peers statewide (90%).

• Providence has many community-based services for teens, including programs to help teens prevent pregnancy, continue their education, find employment, prepare for a baby, and improve their parenting skills and confidence. See page four for a partial listing.
that can help teens prevent pregnancy (10%) than teens statewide and in some CITIES/TOWNS, RHODE ISLAND


teens who gave birth during 2009-2011 received late* or no prenatal care. This rate is 1.5 times higher than the overall rate among Pawtucket residents (17%). Statewide, the difference between rates of late prenatal care among teens (23%) and those aged 20 and older (12%) was greater, however, nearly twice as high for teens.

• Providence teens had a higher rate of low birth weight births (10%) than teens statewide and in some other Rhode Island cities with high teen birth rates (Figure 3).

• Disparities exist among racial/ethnic groups. During 2009-2011 in Providence, the teen birth rate was about 3 times as high among Black or African Americans, 4 times as high among those of Hispanic/Latino ethnicity, and 6.5 times as high among Native Americans as among Whites (Figure 4).

• Providence high school students had higher absenteeism rates during the 2010-2011 school year than their peers statewide. Nearly half (46%) of the 7,064 high school students in Providence were absent 18 or more days compared to the statewide rate of 25%. The overall attendance rate of 85% was lower than the state rate (92%).

• Providence students had lower school achievement than their statewide peers. The Providence class of 2011 had a lower four-year graduation rate (66%) than that in Rhode Island overall (77%). In addition, only 56% of Providence 11th grade students were proficient at reading compared to 77% of all Rhode Island students.

Worth noting

A slightly higher proportion of teen pregnancies result in a live birth in Providence than statewide. Among the 1,627 Providence pregnancies during 2009-2011, 1,041 (64%) resulted in a live birth, and 544 (33%) in an induced termination. Statewide, 60% of teen pregnancies resulted in a live birth and 37% in an induced termination (Figure 5).

What you can do

• Make a data-driven action plan to address teen pregnancy and promote adolescent health in Providence. Take advantage of your community’s many strengths and support services to do so.

• Encourage referrals to community-based programs and services that can help teens prevent pregnancy and support them if they do get pregnant. Providers should coordinate care for teens and follow up on referrals, as appropriate, to assure access to care.

• Keep talking with us. We hope to engage in continuous conversation and collaboration to help you enhance adolescent health in your community. For more information, contact Kim Harris, Adolescent Health Program Manager, at 401-222-4354.

• Visit www.health.ri.gov/for/pregnantwomen for useful information for pregnant women.

References


*Prenatal care that begins after the first trimester