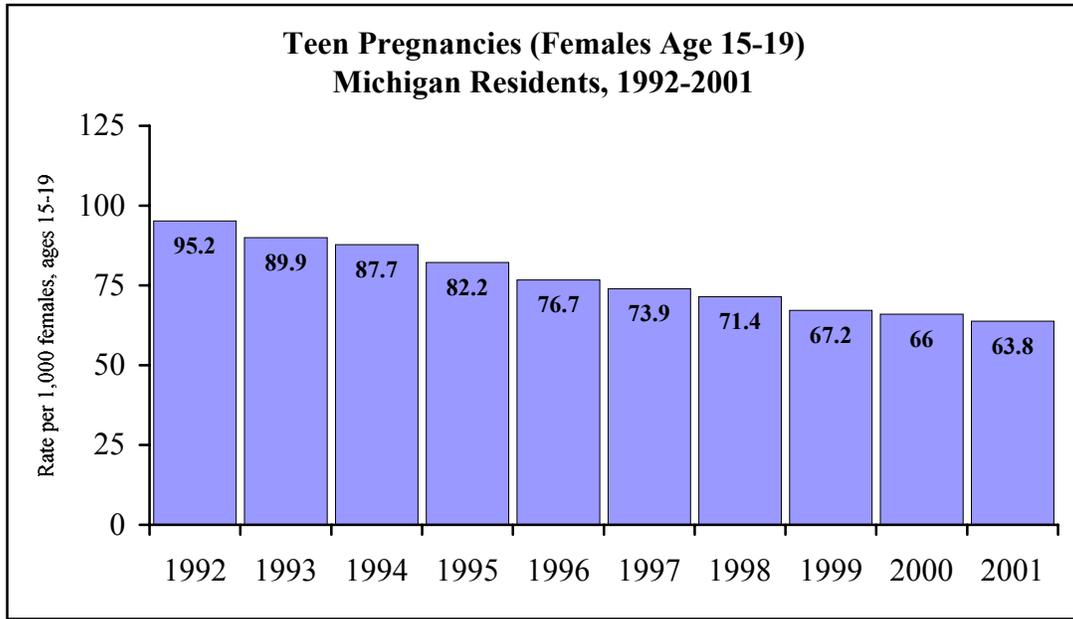


Focused Indicators
Health Risk Behaviors
Teen Pregnancy



Source: Division for Vital Records and Health Statistics, MDCH.

How are we doing?

The teen pregnancy rate is an estimate of the proportion of women aged 15-19 who had a live birth, induced abortion, or miscarriage during a given year. Teen mothers are more likely than adult mothers to be high school drop outs, be unemployed, and lack parenting skills. In addition to increased lifetime risk of social and economic disadvantage to both the teens and their children, there are many health risks to the infants. These include increased risk of low birth weight, pre-term delivery, fetal distress, and other adverse outcomes.

In 2001, there were an estimated 21,662 pregnancies among Michigan teenagers or a rate of 63.8 per 1,000 females, age 15-19 years old. The teen pregnancy rate in Michigan has declined by a third (33 percent) since 1992, translating into almost 9,000 fewer teen pregnancies.

How does Michigan compare with the U.S.?

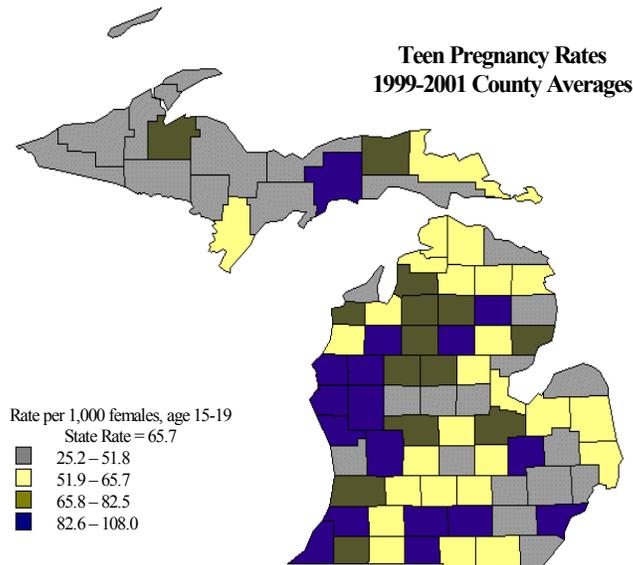
In 1999, the most recent year for which national figures are available (*The Alan Guttmacher Institute, May 2003*), the Michigan teen pregnancy rate of 67.2 was lower than the U.S. rate of 85.6.

How are different populations affected?

In Michigan, pregnancy rates for ages 15-17 are lower than for those ages 18-19, and both rates have been declining in recent years. Pregnancy rates for ages 15-17 decreased from 56.5 in 1992 to 35.2 in 2001. For those aged 18-19, pregnancy rates have decreased from 148.3 in 1992 to 103.7 in 2001.

For more state and local data on teen pregnancies go to:

www.michigan.gov/mdch



What other information is important to know?

Few teens that become pregnant intend to do so. Estimates from the 2000 Michigan Pregnancy Risk Assessment Monitoring System (PRAMS) survey indicate that about 70.7 percent of births to teens were unintended. Factors that may contribute to teen pregnancies include lack of health and sex education, alcohol or drug use, history of sexual abuse, lack of or inconsistent birth control practices, low self-esteem, and low self-determination.

What is the Department of Community Health doing to affect this indicator?

The department is actively working to prevent teen pregnancies through family planning services and efforts of the Michigan Abstinence Partnership (MAP) and the Michigan Teen Outreach Program (MTO).

Family planning providers, through contracts with the department, offer contraceptives and reproductive health services to encourage fertility control. The strong educational and counseling components of the programs help to reduce health risks and promote healthy behaviors. These services include encouraging abstinence and parental involvement as appropriate for sexually active teens. The Family Planning program stays relevant to the needs of sexually active teens by maintaining a teen advisory group to advise on the provision of teen friendly services. One third of the family planning population served are teens, 19 years of age and younger.

The Michigan Abstinence Partnership began in 1993. The MAP program aims to positively impact adolescent health problems by promotion abstinence from sexual activity and related

risky behaviors such as alcohol, tobacco and other drugs. A comprehensive approach targeting 9 - 17 year-old youth (up to 21 years of age for special education populations) and their parents is utilized. Programming is implemented through the community empowerment model. Community coalitions, representative of the local community plan, implement and evaluate program activities. Each community develops a community action plan detailing coalition-based activities uniquely targeted to the youth and families in their area. Coalitions also develop and implement community awareness activities designed to create a community environment supportive of an abstinent lifestyle for teens.

MAP programming includes in school and after school abstinence education activities, drama, mentoring, peer-mentoring, essay contests, service learning, youth events and summer programming. Interventions for youth must provide at least 14 hours of direct educational contact per participant and must be research-based and skills building. All abstinence education activities funded through MAP must meet the definition of abstinence education outlined in Section 510 of Title V of the Social Security Act and the MDCH appropriation boilerplate.

MTOP strives to increase the number of adolescents in Michigan who are making positive choices to abstain from risky behaviors, including sexual activity and the use of alcohol, tobacco and other drugs through participation in service learning and abstinence education intervention. Four community organizations are funded through MTOP.

An advisory steering committee is in place in each funded community. Each community is expected to reach a minimum of 300 youth with 55-70 hours of intervention per participant. The Cornerstone Consulting Group's Teen Outreach Program is the service-learning curriculum utilized at all sites. The abstinence-plus portion of this curriculum is replaced with a community selected abstinence-only curriculum in order to meet the definition of abstinence education as outlined in Section 510 of Title V of the Social Security Act and the Michigan Department of Community Health appropriation boilerplate. Parent education is also implemented in order to encourage parents to talk openly with their children about sexuality and the benefits of abstinence.

In addition to funding, each community is provided technical assistance, evaluation support, annual trainings, educational materials, and statewide media messages. Educational materials that promote the abstinence message are distributed through MDCH's Health Promotions Clearinghouse. A media campaign targets youth and their parents through television, radio, and posters.

Michigan was one of the first states awarded a federal bonus from the U.S. Department of Health and Human Services in recognition of the state's significant reduction in out-of-wedlock births. The bonus program was established by the 1996 federal welfare reform act. The Michigan Abstinence Partnership has been an important factor in a combination of intervention activities that led to Michigan's dramatic decline in out-of-wedlock births.

Last Updated: August 2003