Teen pregnancy and birth rates continue to decline in Montana and the United States. Declines in teen pregnancy and birth rates in the US from 2007 to 2012 have been attributed to improvements in contraceptive use, especially use of long acting reversible contraceptives (LARCs). Efforts to further improve access to and use of contraception among adolescents are necessary to ensure they have the means to prevent pregnancy.1

Despite reaching historic lows in 2015, teen pregnancy and birth rates in the US continue to be among the highest when compared to the rates of other developed countries. The 2014 US teen birth rate was six times higher than Denmark, Japan and the Netherlands, and eight times higher than Switzerland.2

### Table 1: Montana teen birth, 2010-2015
(The teen birth rate is the number of live births to females aged 15-19 years per 1000 females aged 15-19 years)

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</thead>
<tbody>
<tr>
<td>15-17 years</td>
<td>127</td>
<td>118</td>
<td>115</td>
<td>115</td>
<td>121</td>
<td>118</td>
<td>-28%</td>
</tr>
<tr>
<td>18-19 years</td>
<td>504</td>
<td>451</td>
<td>432</td>
<td>415</td>
<td>405</td>
<td>420</td>
<td>-28%</td>
</tr>
<tr>
<td>15-19 years</td>
<td>631</td>
<td>539</td>
<td>527</td>
<td>507</td>
<td>526</td>
<td>538</td>
<td>-30%</td>
</tr>
</tbody>
</table>

### Table 2: Montana teen pregnancy, 2010-2015
(The teen pregnancy rate is the number of pregnancies to females aged 15-19 years per 1000 females aged 15-19 years)

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>15-17 years</td>
<td>22</td>
<td>22</td>
<td>22</td>
<td>22</td>
<td>22</td>
<td>22</td>
<td>-28%</td>
</tr>
<tr>
<td>18-19 years</td>
<td>69</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>-28%</td>
</tr>
<tr>
<td>15-19 years</td>
<td>91</td>
<td>91</td>
<td>91</td>
<td>91</td>
<td>91</td>
<td>91</td>
<td>-30%</td>
</tr>
</tbody>
</table>


* Under 15 years: The number of births to teens under 15 is small. Because the number of births to girls younger than 15 years can fluctuate greatly from year to year, rates and change over time are not shown for teens in this age group.
Although teen birth rates continue to decline, most teens often use condoms and birth control pills which are less effective at preventing pregnancy when not used correctly or consistently. In 2015, 13.3% of 9th graders in Montana reported being sexually active (have had sexual intercourse with at least one person in the last 3 months) compared to 15.7% nationally. By comparison, 46.7% of 12th graders reported they were sexually active (46.0% nationally).

Teens who engage in some types of risky behaviors are more likely to engage in other behaviors that increase risk for teen pregnancy. Risk factors encourage behaviors that might lead to pregnancy or sexually transmitted infections (STIs). Research has shown an association between the following risk behaviors and teen pregnancy. Comprehensive sex education curricula in school and community settings have been shown to reduce teen pregnancy and associated risky behaviors.

**Adverse Childhood Experiences (ACEs)** are stressful or traumatic events experienced before adulthood. These experiences include physical, sexual, or emotional abuse; witnessing domestic violence; parental divorce; and exposure to a substance abusing, mentally ill, or criminal household member. An ACE score counts the different types of ACEs experienced. Research indicates that women with higher ACE scores were more likely to have gotten pregnant as teens. In a study published in 2001, 16% of women with an ACE score of 0 reported becoming pregnant as adolescents, versus 53% of women with an ACE score of 7-8 (Figure 6). Being aware of the potential impacts of ACEs, providing trauma-informed services, and offering evidenced-based programs and services are critical to health promotion with vulnerable groups of young people.
Disparities

Sexually Transmitted Infections

- An estimated one in four sexually active women between the ages of 15-24 has an STI.1
- The national teen chlamydia rate has decreased by 7% from 2010 to 2015; during this time, the teen chlamydia rate in Montana has increased by 12% (Figure 7).
- In 2015, there was an average of 25 new teen STI cases per week in Montana. Although only 6.2% of Montanans were 15-19 years old they made up 25% of gonorrhea, syphilis, and chlamydia diagnoses.

Figure 7: Chlamydia rates in Montana among teens aged 15-19, 2010-2015

- Although chlamydia rates among AI/AN teens have been decreasing since 2013, AI/AN teens still experience almost 3 times higher chlamydia rates than white teens in Montana (Figure 9).
- In 2015, chlamydia rates for females 15-19 years old were 4.2 times higher than rates for males (Figure 10).
- While the disease burden is probably highest among these groups, the high rate may also be due to females typically seeing their doctor more often than men and screening recommendations that all sexually active females ≤25 years, who present for routine healthcare visits, receive screening for chlamydia.10
- For some STIs, such as chlamydia, females may have increased susceptibility to infection because of increased cervical ectopy.

Birth rates have been declining among both white and American Indian/Alaska Native (AI/AN) teens in Montana. However, racial disparities persist. In 2015, the birth rate among white Montanan teens was about 28% higher than the US white teen birth rate. By contrast, the 2015 birth rate among Montana AI/AN teens was 190% higher than AI/AN teens nationwide, and 260% higher than white Montana teens.

Figure 8: Teen birth rates in Montana per 1,000 females age 15-19 years by race, 2010-2015

Figure 9: Chlamydia rates in Montana among teens aged 15-19 by race, 2013-2015

Figure 10: Chlamydia rates in Montana among teens aged 15-19 by gender, 2013-2015
Recommendations

- Adolescent sexual health comprises much more than the absence of pregnancy, early childbearing, or infection. To fully support the health needs of young people, we need to address their physical, social, emotional and cognitive development, and give them skills and support to navigate healthy relationships.

- Parents need to be supported in their role as sexuality educators. Honest, accurate and developmentally appropriate information from parents, grandparents, and other adult caregivers is the first step towards raising healthy children who make responsible decisions about sex, sexuality and relationships.

- The Montana Personal Responsibility Education Program (PREP) provides evidenced-based teen pregnancy and sexually transmitted infection prevention education to middle and high school students in seven locations across Montana. The middle school curriculum helps students develop personal limits and skills needed to maintain those limits when challenged. The high school curriculum takes an active approach teaching refusal skills, delaying sexual activity and alternative actions youth can use to abstain or use protection.

- The Montana Title X Family Planning program provides affordable, confidential, quality reproductive health services in 25 locations throughout Montana that respect, empower, and educate individuals, including adolescents, to reduce the rate of unintended pregnancy and sexually transmitted infections.

References