



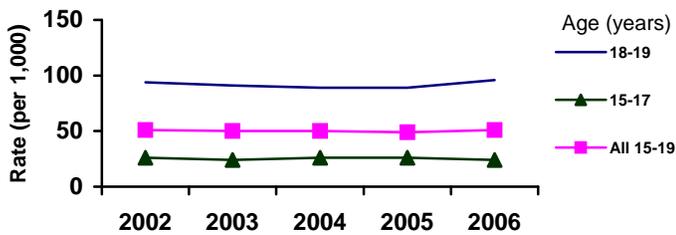
PREVENTION OPPORTUNITIES UNDER THE BIG SKY

Teen Pregnancy Prevention Month: Adolescent Health Viewed Through Teen Pregnancy

An important indicator of adolescent health is the teen pregnancy rate. Teen childbearing has substantial impact on the health, social, and economic status of teen parents and their children. A DPHHS report entitled *Trends in Teen Pregnancies and Their Outcomes in Montana, 1991-2005*¹ highlights state and county data, indicators, and best practices. This report is intended to encourage local communities to build capacity towards teen pregnancy prevention. It will be released this month in recognition of Teen Pregnancy Prevention Month. Highlights from the report are described in this issue of *Montana Public Health*.

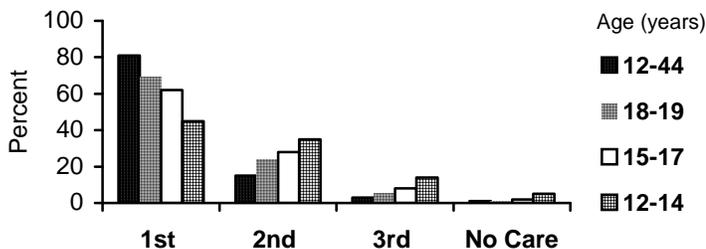
Pregnant Teens in Montana The teen pregnancy rate is defined as the number of live births, fetal deaths, and abortions per 1,000 females 15-19. The overall teen pregnancy rate remained relatively stable from 2002 to 2006 at approximately 51 pregnancies per 1,000.

Figure 1. Teen pregnancy rate, by age group, Montana, 2002-06



- Between 2005 and 2006, the Montana teen birth rate increased 9 percent, while the teen pregnancy rate increased 3 percent.
- Two-thirds of teen pregnancies occurred in females 18-19. The proportion of teen pregnancies that occurred in younger teens (<18) was higher in American Indians (38%) than all other races (30%).
- In 2006, there were 18 births to females 14 and younger.
- The younger the expectant mother, the less likely she was to access prenatal care in a timely way.²

Figure 2. Trimester prenatal care began, by age group, Montana, 1991-2005



What influences Teen Pregnancy? Though each teen pregnancy is unique, more than 70 protective and risk factors that encourage or discourage behaviors that result in teen pregnancy have been identified. These factors fit into five domains: community, family, peer group, romantic partner, and individual.³ Statewide indicators are reported in Montana vital statistics, as well as the Montana Prevention Needs Assessment (PNA), and the Youth Risk Behavior Survey (YRBS). The PNA and YRBS are used in alternating years to collect self-reported information from students in the 6th through 12th grades.^{4,5} Substantial findings from these reports in the family, individual, peer, and romantic partner domains are described below.

Family From 2002-2006, Montana students compared to students in similar states reported increased risk associated with 1) parental attitudes favorable to antisocial behavior (8th, 10th, 12th grade), 2) parental attitudes favorable to substance abuse (10th, 12th grade), and 3) family conflict (8th grade). Approximately 80% of students reported satisfactory relationships with their parents,⁴ and that they could ask a parent for help (Table 1).

Table 1. Responses to "If I had a personal problem, I could ask my mom or dad for help", Montana PNA, 2006

Response	Grade (%)		
	Eighth	Tenth	Twelfth
NO!	8	8	6
No	11	13	11
Yes	34	42	43
YES!	47	38	40

Individual and Peers Early sexual debut, unprotected sex, greater frequency of sex, and multiple sex partners influence teen pregnancy. In 2007, Montana students reported a higher rate of alcohol or drug use before sexual intercourse than students in any other state.⁵

Romantic Partners Having a partner who is older and lack of partner support for condom/contraceptive use contribute to teen pregnancy. Only 71% of teen mothers report information for the father on birth records, compared to 92% of mothers 20-44. Mothers 18-19 are more likely to report their partner's name and age on the child's birth record (76%), compared to mothers 15-17 (61%) and mothers under 15 (34%).²

Table 2. Sexual behaviors reported by students in Montana and the US, YRBS, 2007

Sexual-Related Behaviors	US (%)	Montana (%)		
		(All Races)	(AI-Res)*	(AI-Urban)**
Ever had sexual intercourse	47	46	67	57
Had sexual intercourse with four or more people during their life	14	14	26	22
Used or whose partner used a condom during last sexual intercourse	63	68	73	61
Drank alcohol or used drugs before last sexual intercourse	23	26	38	31

* AI-Res: American Indian students in counties on or near reservations

** AI-Urban: American Indian students in other counties

1 out of 4 teen mothers reports her partner being at least 4 years older.

Recommendations for reducing Montana's teen pregnancy rate

Parents: Speak openly and often with your children beginning at an early age.

<http://www.dphhs.mt.gov/PHSD/Women-Health/ResourcesForFamilies.shtml> for resources and tips.

Providers: Implement clinical protocols that provide confidential services to teens; educate them on condoms, contraception, and partner negotiation; and encourage them to seek advice from parents or a trusted adult. <http://www.teenpregnancy.org/resources/data/pdf/WhatHelps.pdf>.

Screen teens using guidelines such as the AMA's Guidelines for Adolescent Preventive Services (GAPS)

<http://www.ama-assn.org/ama/pub/category/1981.html> for older teens, or Bright Futures tools

<http://www.pediatricsinpractice.org> for younger teens.

Community: Support STD and pregnancy prevention programs that delay sexual debut, decrease the number of sexual partners and frequency of sex, increase partner communication about sexual risks, increase condom/ contraceptive use, reduce alcohol and drug use, and increase family communication.¹

For more information about teen pregnancy prevention, contact Donci Bardash, Health Education Specialist, Women's and Men's Health at 406-444-3628 or DBardash2@mt.gov.

References:

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2 Montana DPHHS. Office of Vital Statistics, Birth Records, 1991-2006.

3 Kirby D Emerging answers 2007. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy, 2007.

4 Montana Prevention Needs Assessment, 2006, www.prevention.mt.gov

5 Montana Youth Risk Behavior Survey, 2007, <http://www.opi.mt.gov/yrebs>

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