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Debbie –
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-Jan

The Atlanta Journal
THE ATLANTA CONSTITUTION

SPECIAL REPRINT

TEENS & PREGNANCY

When the Centers for Disease Control and Prevention released its annual count of state-by-state teen pregnancy rates last fall, Georgia's standing was sobering.

Those statistics and the locally based Turner Foundation's efforts to bring this issue to the forefront prompted the Atlanta Journal-Constitution to undertake a yearlong project focusing on the problem.

Written by staff writers Miriam Longino, M.A.J. McKenna and Bill Hendrick, and edited by Deputy Features Editor Ann Morris, the resulting five-day series sheds new light on the reasons behind the pregnancy crisis, the myths that mask its growth and the local programs aimed at this intractable problem.

This special reprint includes the week-long series, editorials that supported it and coverage of the Turner Foundation's three-day conference of national experts, state political leaders and 500 grass-roots workers. It also includes an interview with Jane Fonda, who is leading the foundation's efforts, and coverage of President Clinton's new national initiative to reduce teen births by one-third within 10 years.

Susan Soper

Susan Soper
Assistant Managing Editor/Features
January 1996

SUNDAY, JAN. 14, 1996

For Immediate Release
August 19, 1993

Contact: Robin Hatziyannis
(202) 347-5700

TAXPAYERS SPENT ALMOST $30 BILLION SUPPORTING TEEN PARENTS AND THEIR CHILDREN

The cost to taxpayers for assisting families begun by a teenager soared to $29.28 billion in 1991, reported the Center for Population Options (CPO) in its annual look at federal expenditures on teen childbearing. This estimate represents a 16 percent increase for the second year in a row, or $4.23 billion, over 1990 outlays for Aid to Families with Dependent Children (AFDC), Medicaid and Food Stamps.

"Every minute, another teenager has a baby. Obviously, the abstinence-only strategies of the past decade are failing us." said Margaret Pruitt Clark, CPO's president. "The cost of teen childbearing is staggering, but the price to America's youth in terms of lost opportunity far outweighs any financial concerns. We cannot allow the future health and well-being of our young people to be compromised -- we must stress prevention. Teens need comprehensive sexuality education that discusses all birth control options, including abstinence, combined with access to confidential family planning services." said Clark.

CPO estimates that if every birth to a teen mother had been delayed until the mother was in her 20s, the federal government would have saved $11.71 billion in 1991 alone. "Studies tell us that for every dollar spent making contraceptives available to all women, $4.40 could be saved that otherwise would be spent on medical care, welfare and nutrition programs in just the first two years after a teen birth. Prevention education is the key to reaching youth," said Clark.

CPO releases its seventh annual cost of teen childbearing as the Senate prepares to debate confirming Dr. Joycelyn Elders as the nation's next Surgeon General. Elders has long been a proponent of comprehensive sexuality education starting in kindergarten combined with school-based health care.

"As our research indicates and Dr. Elders recognizes, the costs of teen childbearing are enormous in dollars and lives. Dr. Elders is courageous enough to tackle the issue of teen childbearing head on. Her aggressive attitudes toward universal access and prevention are the first steps in creating a national consensus that will finally make preventing too-early childbearing a top health priority. CPO stands with her, committed to creating accessible and effective prevention education and family planning programs," said Clark.

"If the Senate takes the health and futures of adolescents to heart and the need to save taxpayer dollars seriously, Elders must be confirmed," concluded Clark.

###

The Center for Population Options (CPO) works to increase the opportunities for and abilities of youth to make healthy decisions about sexuality. Since 1980, CPO has provided information, education and advocacy to youth-serving agencies and professionals, policymakers and the media.

the Center for Population Options
1025 Vermont Avenue, N.W. Suite 210 Washington, D.C. 20005 USA
202/347-5700 FAX 202/347-2263

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TEENAGE PREGNANCY AND TOO-EARLY CHILDBEARING: PUBLIC COSTS, PERSONAL CONSEQUENCES

Summary Report

In 1989 every minute another teenager became a mother. Nearly one-fourth of these young women was giving birth for the second, third or more time. Every 46 minutes an adolescent 14 years old or younger had a child.

Altogether, 517,989 babies were born to teenagers in 1989, up from 488,941 the year before. This represents an 8 percent increase in the teen birth rate, defined as the number of births per 1,000 individuals, making it the highest since 1974: 58.1 for teens 15-19 and 1.4 for teens under 15. Birth rates among teens 15-17 have risen 19 percent since 1986. Even before these increases, adolescent pregnancy rates in America were the highest among developed countries, despite similar proportions of teens who are sexually experienced.

There is broad consensus that preventing teenage pregnancy and childbearing is an important national goal. Healthy People 2000, the Bush Administration's health agenda for the nation, calls for the reduction of pregnancies among adolescents under 18 by nearly one-third by the turn of the century. Nevertheless, it has been enormously difficult to galvanize the political will to move forward with real solutions.

America's teens are paying the price. For teen parents and their children, too-early childbearing can result in lost economic and educational opportunity, in short- and long- term health consequences, and in emotional and social stress. However, disadvantaged young people often remain invisible to policy-makers who must negotiate competing claims for diminishing public resources.

The Center for Population Options (CPO) has conducted a study for each of the last six years to translate the human realities of too-early childbearing into a form that commands the attention of the nation's leaders. This study estimates the economic impact of teen parenting: what it costs America's taxpayers to support families begun when the mother was a teenager.

In addition to federal costs, state and local governments also bear the burden of supporting families begun by too-early childbearing. CPO has estimated costs to seven states – Florida, Kansas, New Mexico, Ohio, Oregon, Vermont and Wyoming – and two cities – Baltimore and San Francisco. States have initiated a variety of measures to help teens avoid pregnancy and too-early childbearing, and some of these are described briefly in the report. However, much more can be done.

CPO believes that "quick fixes" focused on short-term cost reductions are likely only to defer payment by society for a brief while, and exact payment, with interest, at a later time. Rather, investment in America's young people and in programs to help them avoid pregnancy and parenthood before they are ready will reap enormous benefits for them, their families and for all Americans.

ESTIMATED FEDERAL COSTS OF TEENAGE CHILDBEARING FOR FISCAL YEAR 1990

The costs of teenage childbearing are conceptualized in three ways: Single Year Costs, the amount the U.S. spends in a single year on behalf of all families in which the first birth occurred while the mother was a teenager; Single Birth Costs, the average amount taxpayers will spend as a result of a single teen birth over the next 20 years; and Single Cohort Cost, the amount taxpayers will spend over the next 20 years on all teen births in a given year.

the Center for Population Options

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Estimates of Single Year Costs are based on a percentage of Aid to Families with Dependent Children (AFDC), Medicaid and Food Stamp payments that are made in a given year to families that began with a teen birth. The figure, which includes direct payments as well as administrative costs, is actually a conservative estimate. It does not include other public costs commonly associated with family support such as job training, housing subsidies, the Women, Infants and Children (WIC) supplemental food program, subsidized school meals, special education, foster care or day care.

IN 1990, THE U.S. SINGLE YEAR COST WAS OVER $25 BILLION, up an alarming 16 percent, or $3.5 billion, from 1989 (Table I). CPO estimates that if every birth to a teen mother had been delayed until the mother was in her 20s, the U.S. would have saved 40 percent of the calculated expenditures, or $10.02 billion.

EACH FAMILY BEGUN BY A TEENAGE MOTHER IN 1990 WILL COST THE TAXPAYER AN AVERAGE OF $18,133 BY THE TIME THAT CHILD REACHES AGE 20 (Single Birth Costs, Table II). If the birth were delayed until the mother was in her 20s, the average potential saving would be $7,253. Since only one-third of families begun with a teen birth actually receive public assistance, the average amount to each family receiving public assistance after a teen birth would be around three times the Single Birth Costs, or $54,399 over 20 years.

Finally, **THE ESTIMATED COST OF ALL FAMILIES BEGUN WITH A TEEN BIRTH OVER THE FOLLOWING 20 YEARS IS 7.15 BILLION** (Single Cohort Cost, Table III.) This figure is calculated by multiplying the Single Birth Costs by the number of first births to teens, 394,119 in 1989, the latest year for which data is available. By delaying those births, CPO estimates the federal government could save as much as $2.86 billion.

1985 - 1990 Single Year Costs

TABLE I

Six Year Trend in Single Year Costs Attributable to Teenage Childbearing

(in billions)

SINGLE YEAR COST:	1985	1986	1987	1988	1989	1990
Aid to Families with Dependent Children (AFDC)	$8.32	$9.49	$9.87	$10.07	$10.43	$11.23
Food Stamps	$3.42	$2.82	$2.97	$3.23	$3.44	$3.98
Medicaid	$4.91	$5.62	$6.43	$6.53	$7.68	$9.84
	$16.65	$17.93	$19.27	$19.83	$21.55	$25.05

The Center for Population Options, 1992

1985 - 1990 Single Birth Cost

TABLE II

Six Year Trend in Projected 20-Year Public Costs to Support *Each* Family Begun by a Teen Birth
(average cost)

Age	1985	1986	1987	1988	1989	1990
<15	$17,724	$18,913	$19,691	$20,723	$21,491	$23,094
15-17	$17,689	$18,897	$19,638	$20,679	$21,446	$23,050
18-19	$11,214	$11,984	$12,416	$13,101	$13,579	$14,581
All Teens	$13,902	$14,852	$15,450	$16,410	$16,975	$18,133

1985 - 1990 Single Cohort Costs

TABLE III

Six Year Trend in Projected 20-Year Costs to Support *All* Families Begun by a Teen
(in billions)

Age	1985	1986	1987	1988	1989	1990
<15	$0.17	$0.18	$0.19	$0.21	$0.22	$0.25
15-17	$2.55	$2.73	$2.85	$3.08	$3.24	$3.56
18-19	$2.44	$2.60	$2.66	$2.69	$2.89	$3.34
All Teens	$5.16	$5.51	$5.70	$5.98	$6.35	$7.15

TEEN PREGNANCY PREVENTION: IMPERATIVES FOR THE 1990s

Since 1986, the U.S. has been losing ground in the effort to prevent teenage pregnancy and childbearing. Policy initiatives have been caught up in societal ambivalence about adolescent sexual behavior, in anxieties about parental roles and in philosophical, theological and political conflicts over abortion.

EVERY YEAR OVER ONE MILLION TEENAGED WOMEN – ONE IN TEN – BECOME PREGNANT. Eighty-two percent of these pregnancies are unintended, and three out of five occur to teenagers not using any form of contraception. By the age of 20, an estimated 43 percent of all adolescent girls will have become pregnant at least once. Clearly, the strategies of the last decade that have resulted in reduced access to services and alternatively rely on "just-say-no" messages have failed.

MORE TEENS ARE SEXUALLY ACTIVE. By the time they reach the age of 20, three-fourths of American females and 86 percent of American males are sexually active. Nearly one-third (31.9 percent) of ninth-grade girls and nearly half (48.7 percent) of ninth-grade boys report having had sexual intercourse. In 1988 over half of all females 15-19 reported having had sexual intercourse, up from 28.9 percent in 1970. Despite this increase, between 1970 and 1986 teen pregnancy and birth rates continued to fall due to improved access to and use of contraceptives and the legalization of abortion. The trend has now reversed.

BOTH FAMILY PLANNING AND ABORTION SERVICES ARE BECOMING MORE DIFFICULT FOR TEENS TO OBTAIN at a time when they need them more. Already 37 states have enacted laws limiting minors' access to confidential abortion, although not all are currently enforced. If Roe v. Wade is overturned by the Supreme Court, explicitly or in effect, teens in some states will lose access to abortion services altogether and more teens will become mothers. Should abortion be illegal and should all teens now choosing abortion be forced to give birth, then U.S. taxpayers could expect to pay billions more in Medicaid, AFDC and Food Stamp costs. With abortion less available to teens, prevention becomes even more urgent.

PREVENTING TEEN PREGNANCY IS EXTREMELY COST-EFFECTIVE. A study by the Alan Guttmacher Institute found that for every dollar of federal funds spent to provide contraceptives to women of all ages, $4.40 is saved that would otherwise be needed for medical care, welfare and nutrition programs just in the two years following a birth. Yet after adjustments for inflation, the federal FY 1990 spending for contraceptives has actually decreased by over one third since 1980. While most states have dramatically increased their own spending for contraceptive services to compensate for federal cutbacks, total federal and state spending has not kept pace with inflation.

TOO-EARLY CHILDBEARING REPRESENTS A SIGNIFICANT HEALTH RISK FOR THE TEEN MOTHER. During pregnancy, teenagers are at a much higher risk than older women of suffering from serious medical complications, including anemia, pregnancy-induced hypertension, toxemia, cervical trauma and premature delivery. This results in higher medical costs associated with pregnancy, and has an impact on the present and future health of the individual teen. The maternal mortality rate for mothers under age 15 is 60 percent greater than for women in their 20s. Teenagers' tendency to delay or forego prenatal care contributes to the increased health risk of pregnancy. Only 54 percent of teens who gave birth in 1989 received prenatal care in the first trimester (compared to 85 percent for women 30-34), and 14 percent received late or no prenatal care.

TOO-EARLY CHILDBEARING REPRESENTS A SIGNIFICANT HEALTH RISK TO THE CHILD. One of the most heart-rending costs of teen pregnancy is paid by the infants themselves. The infant mortality rate in this country is strongly related to the number of infants born at low birth weights. In 1989, over 10 percent of babies born to teens under 18 were of low (2,500 grams or less) or very low (1,500 grams or less) birth weight. Even normal birth weight infants of teen mothers have a higher rate of rehospitalization than infants of older mothers. Lengthy hospital stays, painful procedures and greater risk of chronic illness and disability exact high personal medical costs and increase the burdens on an inadequate health care system.

The Center for Population Options, 1992

TEEN MOTHERS ARE LESS LIKELY TO GRADUATE FROM HIGH SCHOOL. Teen mothers are less likely than their childless peers to have the education and skills needed to become economically independent. Eighty percent of teen mothers drop out and only 56 percent ever graduate from high school. A woman who begins parenting in her teens makes half the lifetime earnings of a woman who waits until she is 20 to have her first child. In 1985 and 1986, 81 percent of young mothers living alone had incomes below the federal poverty level, and poverty rates even of married teen mothers were twice the national average.

TEEN MOTHERS ARE UNLIKELY TO RECEIVE CHILD SUPPORT. Two-thirds of parenting teens 15-19, and almost all teens 14 or younger, are unmarried, increasing the likelihood that they will need public assistance. Any form of child support from the father is extremely rare. Furthermore, in many cases of teen births the father is not identified. Where the age of the father is known, almost one-third of fathers are teenagers themselves. Even if the father is older he is likely to be unskilled and/or unemployed.

EVEN MARRIED TEENS FACE HIGHER RATES OF POVERTY. In the short run, marriage appears to reduce the poverty associated with teen childbearing, since fewer married teens receive public assistance. This is misleading, however, because prior to FY 1991 two-parent families were ineligible for benefits in many states. Even when teenaged girls marry, their husbands are almost three times less likely to have completed high school, and have higher unemployment rates than their male peers. One survey showed that 40 percent of the husbands of young mothers were not high school graduates, and are unlikely to be highly skilled or have high-paying jobs. Furthermore, many of these early marriages are short-lived. Married teen mothers face higher divorce rates than women who wait until they are older to have children.

TEEN MOTHERS NEED HELP DEVELOPING PARENTING SKILLS. Over 90 percent of teens who choose to carry a pregnancy to term also choose to raise the child themselves. Teens who parent are suddenly faced with the awesome responsibility of shaping the lives and characters of their children, at a time when they themselves are in the midst of overwhelming and confusing physical and emotional developmental tasks. Too often teen parents have little or no social support system. Not only is their own development interrupted by parenthood, but that of their children is all too often negatively affected as well.

Guiding the growth and development of the next generation and passing on the collective wisdom of the culture is one of the most important tasks of any society. We owe a productive and healthy future to all our children. Education and services can help teens avoid becoming parents until they are ready. Many programs are being implemented in states to prevent too-early childbearing and assist parenting teens -- both young women and young men -- to achieve brighter futures for themselves and their children. But these and other efforts must overcome lack of funds, political agendas and years of counterproductive policies. The urgent need to reduce the heavy burden on taxpayers from too-early childbearing must move policy-makers to adopt policies that are effective in reducing teen births and reject those that do not work.

TEENAGE CHILDBEARING: SEVEN STATES AND TWO CITIES

Teenage pregnancy exacts a toll at the state and local levels as well as at the national level. Estimated costs of teen childbearing for Florida, Kansas, New Mexico, Ohio, Oregon, Vermont, Wyoming, Baltimore and San Francisco were calculated to highlight the extent of these costs. The numbers thrust into sharp relief the budgetary toll exacted by too-early childbearing in those individual states and cities.

The costs and potential savings reported for these states and cities vary widely and are not meant to be compared with each other. Some of these jurisdictions have a much greater number of AFDC participants than others. In addition, teenage birthrates vary among the states and cities. Lastly, AFDC, Medicaid and food stamp payments vary from state to state; therefore, a locality providing payments at a higher percent of poverty level than another locality will have higher costs associated with teen childbearing, but will also provide more completely for those families in need.

The Center for Population Options, 1992

The number calculated for each jurisdiction is an estimate of the Single Year Cost – the equivalent of the $25.05 billion that the Federal government spends each year to support families begun when the mother was a teenager. The total figures for each state and city reported here represent those locales' allocations of federal funds – part of the $25.05 billion described earlier – as well as other monies originating from state and local revenue. Most city governments do not directly fund Medicaid services. A local contribution to the non-federal portion of Medicaid, when required by the state plan, is more often provided by counties than by cities. The two cities included in this report, however, are examples of city-county consolidations that do provide services.

Teenage Childbearing: Seven States & Two Cities

TABLE IV

Single Year Public Cost for All Families Started

by a Teen Birth in Selected States and Cities

Estimate for 1990

(in millions)

Outlay Attributable to Teenage Childbearing

	Aid to Families with Dependent Children (AFDC)	Food Stamps	Medicaid	TOTAL
Florida	$301.08	$198.87	$295.95	$795.90
Kansas	$ 64.00	$ 25.48	$ 24.29	$113.77
New Mexico	$ 37.23	$ 19.53	$ 31.22	$ 87.98
Ohio	$427.10	$271.93	$302.45	$1,001.46
Oregon	$ 91.73	$ 29.38	$ 31.83	$152.94
Vermont	$ 26.59	$ 8.36	$ 6.88	$ 41.83
Wyoming	$ 11.50	$ 8.06	$ 7.39	$ 26.95
Baltimore	$123.68	$ 46.14	$ 76.09	$245.91
San Francisco	$ 46.28	$ 10.29	$ 6.79	$ 63.36

STATE AND LOCAL PREVENTION INITIATIVES

A survey of adolescent pregnancy prevention programs in Florida, Kansas, New Mexico, Ohio, Oregon, Vermont, Wyoming, Baltimore and San Francisco reveals common themes and some innovative programmatic twists. Experts understand that **early intervention** is a key to forestalling too-early pregnancy; many of these states and cities address middle-school-aged children. In Florida, for example, Project First Class focuses on boys in an urban area, providing mentors and a program emphasizing human sexuality information and decision-making skills. Baltimore's Teen Impact Program Series (TIPS) is a six week, six session educational program implemented in three middle schools, covering a range of topics related to preventing teenage pregnancy.

Increased access to contraceptive services is cited in most of the states and cities as a critical component of any concerted effort to lower teenage pregnancy rates. In Vermont, Planned Parenthood of Northern New England specifically reaches out to teens. Oregon's legislature has provided funds to expand the capacity of local family planning clinics and to provide outreach activities for adolescents. Wyoming's Reproductive Health Council coordinated statewide family planning services so that all counties are now served.

Too often teenage pregnancy prevention efforts exclude potential fathers, focusing solely on young women. **Male involvement** programs place the focus on young men, helping them to understand the consequences of their actions. In New Mexico, a statewide Male Involvement Coordinator provides technical assistance to state-funded pregnancy prevention programs, beefing up male involvement in those projects. Florida's Leadership for Young Men Program is an eight week program located in a rural high school that empowers young men to plan for a future with opportunities and helps them develop the motivation to delay sexual activity.

Prevention of repeat pregnancies among teens is another essential piece of any prevention strategy. Young men and women who have already become fathers and mothers need the information, skills and services that will help them delay unwanted subsequent births. Fully half of New Mexico's prevention projects are designed for already-pregnant and parenting teens. In Vermont, a community-based program, Teen Pregnancy Initiative, works to prevent second and third births to teenagers. Wyoming's Governor's Pregnancy Task Force is focusing on establishing case management and mentoring projects aimed at reducing repeat pregnancies among adolescents.

Peer counseling -- teens teaching teens -- is noted as one of the most effective ways to reach adolescents with any prevention messages. Ohio has discovered that some of its most successful efforts to reduce teen pregnancy have utilized a peer-to-peer discussion approach to teenage sexuality, pregnancy and parenting. San Francisco's innovative Teen Peer Counselors Program involves parenting teens, both male and female, as peer counselors and trainers who visit both middle and high schools covering the topics of birth control methods, sexually transmitted diseases and the consequences of teen parenting.

All teens need **access to health care services.** School-based or school-linked clinics in many states and cities provides high school students with on-site health care services, including contraceptive counseling and referral. A unique mall-based teen comprehensive teen health clinic in Baltimore attracts all youth, both those enrolled in school and those not.

Parents are the primary sexuality educators of their children and so programs that **improve parent-child communication** are very useful. Two pilot projects in Kansas focus on young people between the ages of 10 and 17 and their parents; the emphasis is on improving parent-child communication skills, building self-esteem and promoting abstinence. Baltimore hosts free Parents and Children Talking events, funded by the state, that help parents polish their sex education and communication skills.

The Center for Population Options, 1992

Lastly, **media campaigns to increase public awareness** of the severity of the problem of teenage pregnancy are popular. Ohio ran a statewide campaign targeted at children between the ages of 10 and 14 with the message "Your decisions about sex change your life -- forever." Public service announcements on radio and television, billboards and other printed material promoted a toll-free hotline number and a brochure. The public awareness campaign in Kansas featured posters, billboards, rap songs on the radio, ads in high school newspapers, public service announcements in movie theaters and a teen parent speakers panel. Baltimore's abstinence-based media program, Campaign for Our Children, blitzed the city with messages targeted to middle-school children and parents.

Most of the states and cities included in this report have a governor's or mayor's task force on adolescent pregnancy, indicating consensus in the top levels of government that teenage parenthood is reaching crisis proportions in many communities. The range of recommended strategies emerging from these bodies provide a blueprint for reducing the incidence of teenage childbearing in the U.S.

For a copy of the full report, including a complete listing of sources of data and citations, send $8 to the Center for Population Options, 1025 Vermont Ave., NW, Suite 210, Washington, D.C. 20005.

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Series 21
No. 52

nchs

Vital and Health Statistics

From the CENTERS FOR DISEASE CONTROL AND PREVENTION/National Center for Health Statistics

Birth and Fertility Rates for States: United States, 1990

December 1994

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
National Center for Health Statistics

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

JBA Print each + note title

EXECUTIVE OFFICE OF THE PRESIDENT

03-Jun-1996 08:49am

TO: Jeremy D. Benami

FROM: Deborah L. Fine
Domestic Policy Council

CC: Elizabeth E. Drye

SUBJECT: files

1. The current draft of the Foster memo to Carol from you and Kevin Thurm is under i:\dpc\data\foster.mem.

You should review it to make sure it's okay. After you review it, you might want to talk to Mary Beth Donohue to ensure that it should be from Kevin. We did not actually speak about that. It probably wouldn't be a bad idea to have it faxed back to her to look at one more time also.

Also, she made a pitch to not attach all of the optional sites he could visit for Carol. I thought she might want that. It's up to you -- maybe it's too much.

Let me know if you need help on this.

2.

a. The longer-term teen pregnancy project that Dan Rodgers (old intern) put some info together on disk for is under:

i:\dpc\data\teenpreg.big

This is probably a mess -- I have never been able to review it. I am also leaving, per our conversation, a folder with you with the hard copies and disks that Departments had turned in to me.

b. The shorter summary that was distributed publicly is under:

i:\dpc\data\hilites.tp

3. Women's documents:

Most recent publicly distributed women's budget document:
i:\dpc\data\bdgt.013

HR1833:

i:\dpc\data\hr1833.prs: Press description of women who POTUS met with .

i:\dpc\data\hr1833.tps: Q and A on hr 1833. I think though that Todd has the most final q and a on his computer.

i:\dpc\data\hr1833.rec: Timline/leg record of HR 1833

i:\dpc\data\chcrec.416 Internal record of POTUS on safe, legal and rare

i:\dpc\data\chcpub.226: Older public document on POTUS choice record that included record on budget approps as compared to R's.

i:\dpc\data\chcint.226 Internal document that explained appropriations riders on choice and where we stood. (originally prepared as attachment for harold.)

i:\dpc\data\issue.507 is the reproductive rights issue brief

I will deliver hard copies of files later today -- once interns have copied some of the stuff.

Thanks.

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE
Tuesday, April 2, 1996

Contact: CDC Press Office
(404)-639-3286

STATEMENT BY HHS SECRETARY DONNA E. SHALALA

Teen Prognancy Data in JAMA

This data dates back to the 1980s but is a reminder that we must do more today to hold both young men and young women responsible for their behavior. In more recent data, updated through 1993, the birth rate for teens ages 15 to 19 has declined two years in a row. Still, government, media, business, religious, and other groups must join with families to make further progress. We must work together to provide healthful activities like sports, community services, and jobs; help build high self-esteem and credible expectations; and challenge young people to abstain from sex.

Government has an important role in this challenge. For example, the Administration's FY 1997 budget includes a new $30 million program to help communities with high teen pregnancy rates, building on the work of CDC's Community Coalition Partnerships and the Adolescent Family Life programs.

These initiatives are helping communities choose -- and use -- strategies that best meet their own needs. While there are no simple solutions, we can solve this problem if we work together to send a clear message: staying in school, preparing to work, and delaying sexual activity is the smart thing to do.

###

Teen Pregnancy, 1st Ld-Writethru, a0447,0319
Report Says Teen Pregnancy Rate Rose Throughout the 1980s

going up; inserts new penultimate graf to add that abortion rates are steady. Also in Wednesday AMs report
By BRENDA C. COLEMAN=
AP Medical Writer=

This stmt. was corrected. We do have definitive data after 1990.

CHICAGO (AP) A new study confirms previous findings that teen-age pregnancy rose markedly in the 1980s.

Later statistics from 40 states suggest that those rates declined slightly during the early 1990s, but figures through 1990 are the only definitive national data.

The pregnancy rate among the under-15 group was 6.3 pregnancies per thousand girls in 1980, rising slightly to 6.9 by 1985 and to 7.1 by 1990, said the federal report published in today's issue of the Journal of the American Medical Association.

``Our rates continue to be higher than many other developed countries, and 95 percent of teen pregnancies are unintended, so we have a long way to go,'' said the author, epidemiologist Alison M. Spitz of the federal Centers for Disease Control and Prevention.

Among girls ages 15 to 19, it was 88.8 per thousand in 1980, dipping to 87.7 in 1985 and zooming to 95.9 in 1990, the report said.

``In the '80s, there continued to be more than 800,000 teens who became pregnant each year,'' Spitz said.

The government's goal was that by 1990, there would be no births in the under-15 age group, Spitz noted by telephone Tuesday from Atlanta.

But in 1990, 22,928 girls younger than 15 conceived, 11,657 gave birth and 11,271 had abortions, the report said.

The rate of abortion among all teen-age girls held steady during the decade, the CDC said.

The CDC has reported that the birth rate among teen-agers dropped 2 percent in 1993, the most recent year examined by the CDC. The rate fell 2 percent in 1992.
APR-04-03-96 1528EST

7086

4/1/96
Teen Pregnancy Q and As
JAMA article

Q: Is this data new?

A: No. The teen pregnancy rates in the JAMA article, although examined using a new methodology, are based on CDC data from 1980 through 1990. More recent data, updated through 1993, was publicly released by CDC last September.

Those later figures show teen pregnancy and teen birth rates declining. According to the September 21, 1995 article in MMWR, the birth rate for teens aged 15-19 declined 4 percent from 1991 to 1993. The birth rate for teens 15-17 declined 2 percent from 1991 to 1992, and remained stable in 1993. And the teen pregnancy rates declined from 1991 to 1992 in 30 of the 41 reporting states.

Q: The President said in January that teen pregnancy rates were down. This article says they're up. Was the President wrong?

A: No. The President was referring to more recent data for 1992 and 1993. The data in the JAMA article are from 1985-1990.

Q: This article says that the government's goal of reducing teen pregnancy rates to no more than 50 pregnancies per 1000 teens by the year 2000 "are unlikely to be achieved." Do you agree?

A: No. While there are no simple solutions, we can solve this problem if we work together. Government, business, media, religious, and other groups can all do more to hold both young men and young women responsible for their behavior; provide healthful activities like sports, art programs and jobs; instill high self esteem and credible expectations; and motivate young people to abstain from sex.

Earlier this year, for example, the President announced the formation of the National Campaign to Reduce Teen Pregnancy -- headed by a group of prominent Americans in media, business, and health care. Both CDC and the Office of Population Affairs fund demonstration grants to support local community efforts. And in this year's budget, we have proposed $30 million for a new Teen Pregnancy Prevention Initiative, to give additional help to cities with high teen pregnancy rates.

Note to Melissa Skolfield

From: Lisa A. Gilmore L.G.

Subject: Teen birth, abortion, and pregnancy data

Date: April 3, 1996

Please note that there are definitive, that is, final, teen birth, abortion, and pregnancy data for the early 1990s. Specifically, national teen birth rates are definitive through 1993. Further, national teen abortion rates and national teen pregnancy rates are definitive through 1991.

For data reported by state, teen pregnancy rates are definitive through 1992 for the 41 states that report age-specific abortion rates. State teen birth rates (now available through 1992) could readily be calculated through 1993 using teen births by state, but NCHS has yet to do the computations. Child Trends has computed the 1993 teen birth rates, and these figures should be the same as the ones NCHS will compute.

Expected Data Releases

- The 1994 national teen birth data will be available by the end of June, 1996.
- The CDC's 1992 detailed abortion report is now at the printers. Note: The CDC abortion data is based on reports from state health departments and generally excludes abortions reported by small providers. The Alan Guttmacher Institute (AGI) estimates national abortion levels using AGI's surveys of all known abortion providers. However, AGI distributes its abortion data by age and race according to CDC estimates prepared by the National Center for Chronic Disease Prevention and Health Promotion. NCHS will then use the AGI national abortion estimates to calculate the 1992 national teen pregnancy rate.

JAMA versus NCHS

The teen pregnancy data in JAMA (Spitz et al) is different from NCHS reported data in at least three ways:

- The JAMA authors do not include miscarriages in their calculation of teen pregnancies and teen pregnancy rates; NCHS does include estimates of miscarriages.

- The JAMA authors use the CDC abortion data which is based on data provided by state health agencies (which excludes some smaller abortion providers). NCHS uses AGI's abortion estimates from AGI's surveys of all known abortion providers, distributed by age and race according to CDC estimates. The AGI national abortion estimates are considered 12%-15% higher than the CDC estimates (14% higher in 1988 and a preliminary 11% higher in 1992).

- The JAMA authors use different assumptions than NCHS to calculate teen abortion rates for the 10 states in 1980 and 1990 (13 states in 1985) that do not report age-specific abortion rates. JAMA authors base their estimates for the missing age-specific abortion rates on neighboring states with similar population and fertility characteristics or on aggregate data for all states reporting corresponding age-specific data. NCHS employs the AGI national abortion estimate which relies on CDC distribution data.

The result:

- The JAMA article reports 835,230 pregnancies in 1990 among 15-19 year old females compared with 1,002,000 pregnancies in 1990 reported by NCHS.

- From 1985 to 1990, teen pregnancy rates for 15-19 year olds rose 9.0% according to JAMA and 7.6% according to NCHS published reports.

- In 1990, the teen pregnancy rate for 15-19 year olds is reported to be 95.9 per 1000 by Spitz et al and 115.0 per 1000 by NCHS.

Status of Teen Birth, Abortion, and Pregnancy Data

Births

- National teen birth rate data are definitive (final) through 1993.
- State teen birth rates are definitive through 1992. State teen birth rates are not yet calculated for 1993, but the numbers of births by state needed to make the calculation are available.
- The 1994 national data on teen births will be available by the end of June, 1996.

Abortions

- National teen abortion data are definitive through 1991. Data for 1992 and 1993 are preliminary.
- Overall abortion data for every state is available for 1992 and 1993, but age-specific abortion rates for teens have not yet been calculated.
- The AGI abortion estimates are 12-15% higher than the CDC abortion estimates primarily due to AGI's inclusion of abortions reported by small providers.

Pregnancies

- National teen pregnancy rate data is definitive through 1991.
- State teen pregnancy rates for 42 states (including DC) are definitive through 1992.
- Use caution when comparing state by state pregnancy rate data. While births are reported by state of residence, abortions are reported by state of occurrence which sometimes is different (e.g., 16% of abortions in Kansas are among residents of other states). Moreover, some states have more accurate reporting systems than others, e.g., Georgia rates are high in part because they have a better reporting system.
- NCHS cannot calculate the 1992 national teen pregnancy rates until AGI makes adjustments to the soon-to-be released 1992 CDC abortion data.
- Teen pregnancy rates for 1993 cannot be updated until data from the 1995 cycle of the Survey of Family Growth (for estimates of fetal losses) becomes available in early 1997.

cc: Dan Porterfield, Amy Busch, Nick Billings

Date of

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

09-May-1996 12:58pm

TO: Michael Waldman
TO: James T. Edmonds
TO: Jonathan M. Prince

FROM: Deborah L. Fine
Domestic Policy Council

SUBJECT: unmarried moms

I am not sure exactly what you want -- so here are some takes/numbers. Call me/e-mail me if you have a more specific request.

Let me start by saying that unfortunately there are no numbers past 1993.

FOR ALL AGE WOMEN:
In 1993 1,240,172 babies were born to unmarried mothers. This is 31% or one-third of all births.

This is an 86% increase since 1980, when 18% of births were to unmarried moms. Since 1990 it has begun to level off, although it continues to rsie slowly.

Another take, which I'm assuming you do not want, is that 45.3 out of 1000 unmarried women aged 15 to 44 gave birth in 1993. (This is up very slightly from 45.2 in 1991 and 1992.)

FOR TEENS:
FYI for background, generally speaking the rate of births to unmarried teens has basically stayed the same -- while the rate for older women has increased dramatically. This is partially demographic and partially because women are waiting longer to get married, and to have babies.

The proportion of unmarried moms that are teens is SLOWLY dropping:
In 1990, 30.9% of unmarried mothers were teenagers.
In 1992, 29.8% of unmarried mothers were teens.
In 1993, 29.7% of unmarried moms were teens.

Whereas, in 1980, 41% of unmarried mothers were teenagers.

Do you want me to check for the % or number of babies born to unmarried teen moms?

Let me know if this helps at all, or if not, what you are looking for.

Thanks.

File: Statistics Teen

November 8, 1995

USA TODAY

THE NATION

Out-of-wedlock childbirth rising

'Culture permits it' despite ramifications

By Mark Potok
USA TODAY

One in five never-married women of childbearing age had at least one child by 1994, continuing a trend of out-of-wedlock births that began half a century ago, the Census Bureau said today.

In a report sure to add to the debate over the shape of the modern American family, the bureau said white women fueled the rise more than any other group. The percentage of black women having children outside marriage declined from 1992 to 1994; the rate among Hispanics increased marginally.

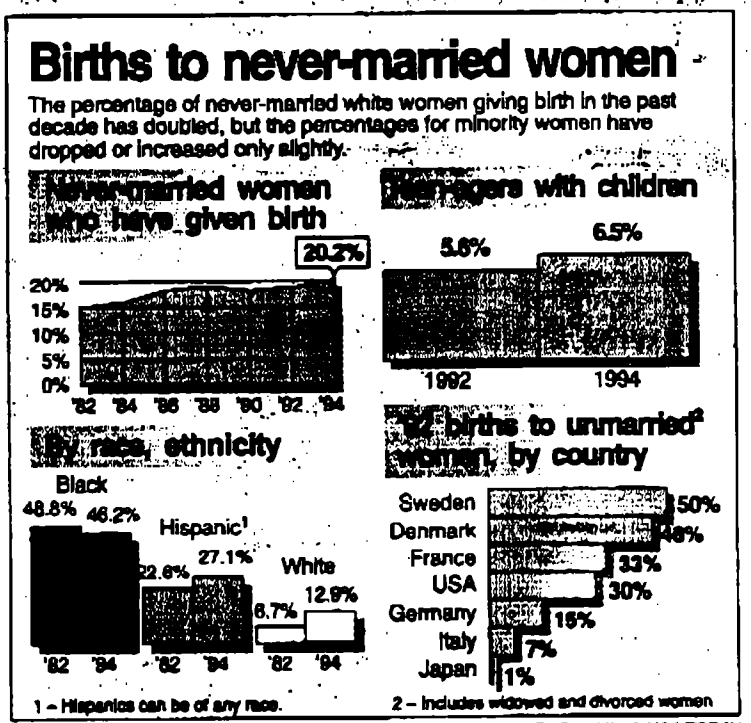
"It's inching up every year," but demographer Amara Bachu said of the two-year increase to 20%, from 18%, of all never-married women who have children. "Society is not frowning on these women. It is more accepting."

But there are ramifications.

Some studies have shown that children in one-parent families are less healthy at birth, more likely to drop out of school, at greater risk for drug and alcohol addiction, more prone to crime and more apt to end up on welfare. They also face a far higher chance of a lifetime of poverty.

"It's a rolling snowball that gets bigger and bigger," said Patrick Fagan of the conservative Heritage Foundation.

"Children must be begotten and raised in marriage, or we visit all these weaknesses on them," he said.



The latest report comes as Congress debates welfare reform.

Many conservatives are pushing the idea that certain benefits encourage teen-agers and unmarried women to have out-of-wedlock children. That has led to proposals to cap the benefits allowed to unwed mothers.

But Deborah Weinstein of the liberal Children's Defense Fund says that capping public assistance "will only make child poverty deeper."

An August study by Lee Rainwater and Timothy Smeeding of Syracuse University seems to back that. In Sweden, for example, the study found that 54.9% of children of single mothers would live in poverty without government assistance. But with generous benefits, 5.2% live in poverty. The USA, by contrast, reduces what would be a 69.9% poverty rate among such children to 59.5%.

Of the 17 industrialized nations studied, that is the smallest reduction in potential child poverty rates.

"Maybe we need to direct our thinking to supporting the children," said Carol De Vita, a demographer with the non-partisan Population Reference Bureau.

While all agree that two-parent families are best for children, she said, parenting classes and other programs could help children of single mothers fare better.

But to Fagan, the main culprit is popular culture.

"A huge amount of people (out-of-wedlock motherhood) because the culture permits it," he said. "To the extent we've driven religion out of culture, we've weakened the culture."

Some further details of the report:

▶ Over the last dozen years, the percentage of the nation's married women giving birth risen steadily: from 15.1% in 1982, to 19% in 1988, and 20.2% of a of 22.7 million women in 1994. Earlier statistics weren't comparable.

▶ The percentage of unmarried teen-agers who had children climbed from 5.6% in 1992 to 6.5% in 1994, when 544,000 unmarried had given birth.

▶ Racial disparities of past continued, but with whites continuing a long-term upward trend in of-wedlock births.

In 1994, 46.2% of never-married black women, 27.1% of Hispanic women and 12.9% of white w :n had given birth.

Two years earlier, the figure for whites was 10.9%; a decade before, it was 6.7%.

▶ A substantial number of upwardly mobile, never-married en are choosing to have children, much as in past years: 6% of with a bachelor's degree or and 8.6% of women who are ers or professionals.

THE WHITE HOUSE
OFFICE OF DOMESTIC POLICY

CAROL H. RASCO
Assistant to the President for Domestic Policy

To: _____ _____

_____ _____

Draft response for POTUS
and forward to CHR by: _____

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Please reply directly to the writer
(copy to CHR) by: _____

Please advise by: _____

Let's discuss: _____

For your information: _____

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Schedule ? : ☐ Accept ☐ Pending ☐ Regret

Designee to attend: _____

Remarks: _____

cc: JBA
JANET
DEB F.

CHILD TRENDS, INC.

4301 Connecticut Avenue, N.W., Suite 100, Washington, DC 20008

Phone (202) 362-5580
Fax (202) 362-5533
73252.3431@compuserve.com

January 1996

TO: Individuals and Organizations Concerned About Teenage Pregnancy and Childbearing

FROM: Kristin A. Moore, Ph.D.

SUBJECT: Release of *Facts at a Glance*, reporting 1993 data on teen fertility in the United States

The teen birth rate is no longer increasing in the United States. Declines, while quite small, have occurred in nearly all states. Small declines occurred among both blacks and whites, though not among Hispanic teens. Nevertheless, at 60 births per 1,000 females aged 15-19 in 1993, the U.S. teen birth rate remains much higher than in other industrialized democracies.

It is particularly important to reduce **rates** of teenage childbearing because the number of teens is increasing. The number of girls aged 14-17 will increase by 1.2 million between 1995 and 2005. Reflecting this fact, the **number** of births to school-age adolescents has begun to increase, even though the teen birth rate has stopped increasing.

Substantial policy attention has focused on teenage childbearing this past year. Relevant to the discussion are two reports prepared by Child Trends. *Adolescent Sex, Contraception and Childbearing: A Review of Recent Research* summarizes studies on the antecedents of adolescent sexual activity, contraceptive use and pregnancy resolution. *Adolescent Pregnancy Prevention Programs: Interventions and Evaluations* provides an overview of programs and of evaluations and discusses the need for new intervention efforts with stronger evaluations. Copies of these reports may be obtained from National Technical Information Services (NTIS) or directly from Child Trends using the enclosed form.

 References are available upon request.

If this fact sheet has reached an inappropriate office or person, please forward it to the appropriate person. If you would like to add someone to our mailing list, or if you would like to have an address corrected or deleted, please write or fax us with the corrected information. We can also be reached by e-mail at 73252.3431@compuserve.com.

This informational effort is funded by the Charles Stewart Mott Foundation of Flint, Michigan.

FACTSFACTSFACTSFA

AT A GLANCE

January 1996

TEEN BIRTH RATE. Between 1986 and 1991, the teen birth rate rose by one-fourth. In 1992 and again in 1993, tiny declines occurred. Although the decline in the teen birth rate was small, it occurred in nearly every state. It is too soon to know whether this slight decline represents the beginning of a sustained downturn.

Teen Birth Rate (Births per 1,000 Females Aged 15-19)

All Females	1960	1970	1980	1985	1986	1987	1988	1989	1990	1991	1992	1993
15-19	89.1	68.3	53.0	51.0	50.2	50.6	53.0	57.3	59.9	62.1	60.7	59.6
15-17	--	38.8	32.5	31.0	30.5	31.7	33.6	36.4	37.5	38.7	37.8	37.8
18-19	--	114.7	82.1	79.6	79.6	78.5	79.9	84.2	88.6	94.4	94.5	92.1

NUMBER OF BIRTHS TO TEENS. The number of births to teens also declined slightly in 1993. However, this decline was concentrated among older teens. The number of births to adolescents 17 and younger rose slightly, reflecting an increase in the population of younger teens.

Number of Births to Females Under Age 20

Ages	1960	1970	1980	1985	1986	1987	1988	1989	1990	1991	1992	1993
Under 15	6,780	11,752	10,169	10,220	10,176	10,311	10,588	11,486	11,657	12,014	12,220	12,554
15-17	182,408	223,590	198,222	167,789	168,572	172,591	176,624	181,044	183,327	188,226	187,549	190,535
18-19	404,558	421,118	353,939	299,696	293,333	289,721	301,729	325,459	338,499	331,351	317,866	310,558
Under 20	593,746	656,460	562,330	477,705	472,081	472,623	488,941	517,989	533,483	531,591	517,635	513,647

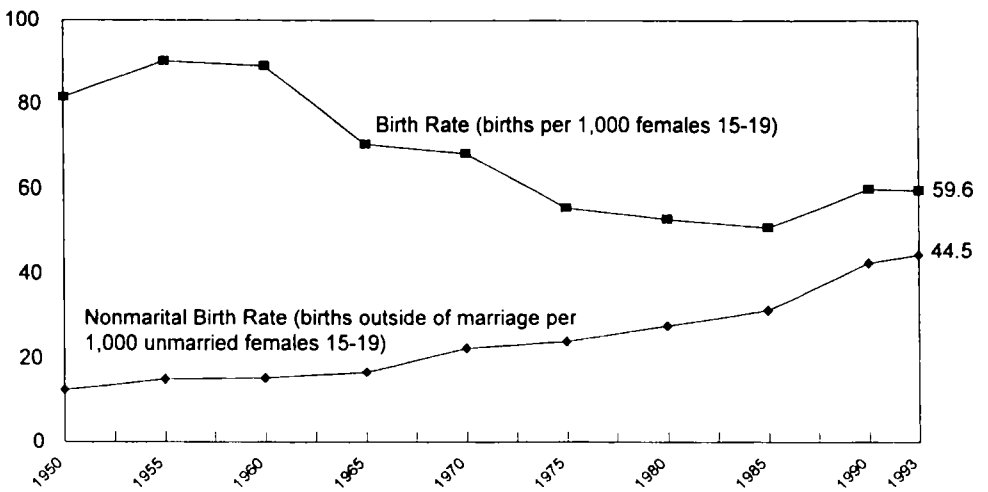
NONMARITAL BIRTHS. In 1993, the percent of teen births that occurred outside of marriage continued to increase, rising to 72%.

Percent of Births that Were Nonmarital:	1960	1970	1980	1985	1986	1987	1988	1989	1990	1991	1992	1993
to Mothers Under Age 20	15	30	48	59	61	64	66	67	68	69	71	72%
to Mothers Aged 20-24	5	9	19	26	29	31	33	35	37	39	41	42%

FATHERS. Among teens 15-17 who have babies, half of the fathers of the babies are age 20 or older.

TRENDS IN THE TEEN BIRTH RATE AND THE NONMARITAL TEEN BIRTH RATE, 1950-1993. Despite the rise in the teen birth rate that occurred in the late 1980s, the teen birth rate is nevertheless lower now than it was in the 1950s and 1960s.

On the other hand, the nonmarital teen birth rate has risen steadily.



In 1993, the teen birth rate dropped slightly among non-Hispanic whites and blacks, but stayed the same among Hispanic teens. The birth rate for Hispanic teens and black teens is now quite similar.

Birth Rate: Births Per 1,000 Females Aged 15-19, by Race/Ethnicity

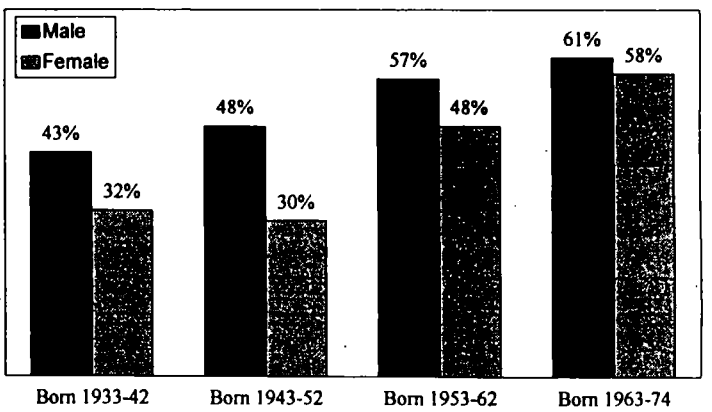
Race/Ethnicity	1980	1986	1989	1990	1991	1992	1993
Hispanics	82	80	91	100	107	107	107
Non-Hispanic Blacks	105	104	112	116	118	116	111
Non-Hispanic Whites	41	36	40	43	43	42	40

Note: 1980 data on Hispanic ethnicity are reported for 22 states, accounting for 90% of Hispanic births; 1986 data are for 23 states and DC; 1989 data are for 47 states and DC; 1990 data are for 48 states and DC; 1991 and 1992 data are for 49 states and DC; 1993 data are for all states and DC.

ABORTION AMONG U.S. TEENS. In 1991, the most recent year for which abortion data are available, U.S. teens had 858,000 pregnancies (not counting miscarriages), of which 326,000 ended in abortion, and 532,000 ended in a live birth. In the late 1980s and early 1990s, the number of abortions, the abortion rate, and the proportion of pregnancies ending in abortion all declined among teens. Comparable declines in abortion did not occur among older women.

	1973	1975	1980	1985	1990	1991
			Number of Abortions			
Age < 15	11,630	15,260	15,340	16,970	12,580	12,000
Age 15-19	231,900	326,780	444,780	399,200	350,970	314,000
			Abortion Rate (Abortions per 1,000 females 15-19)			
Age 15-19	22.8	31.2	42.8	43.5	40.3	37.6
			Abortion Ratio (Percent of births plus abortions, ending in abortion)			
Age < 15	47%	55%	60%	62%	52%	50%
Age 15-19	28%	36%	45%	46%	40%	38%

TRENDS IN AGE OF FIRST SEX. Data from several surveys confirm a trend toward earlier sex. For example, data from the National Health and Social Life Survey indicate that the proportion of teens having sex by age 18 has risen (see chart). The gap between male and female teens has narrowed. Among youth who turned 18 between 1981 and 1992, 58% of females and 61% of males had sex by age 18.



Adolescents with well-educated parents are more likely to delay having sex. For example, analyses of the National Health Interview Survey 1992 Supplement indicate that a quarter of girls whose parent had not completed high school had sex by age 15, compared to 11% of girls with a college-educated parent.

INTERVENTIONS. Appropriate interventions to prevent adolescent childbearing will vary depending on the characteristics, needs and values of the community and/or of the family. For example, advantaged teens from effective families may require little or no formal program intervention. Disadvantaged adolescents from multiple-problem families may require early and comprehensive intervention efforts.

Intervention programs need to be based on research findings. Researchers consistently find four broad factors that predict early sex, adolescent pregnancy, and nonmarital childbearing among teens:

- early school failure,
- early behavior problems,
- poverty, and
- family problems and family dysfunction.

Addressing these factors with comprehensive programs for disadvantaged children in their preschool and elementary school years represents a promising direction for intervention efforts.

TABLE 1: BIRTHS TO MOTHERS UNDER AGE 20 IN 1993

	NUMBER OF BIRTHS TO MOTHERS AGED:				Births to Mothers Under Age 20:		Hispanic Ethnicity-* Number of Births to Hispanic Females Under Age 20	Percent of Teen Births to Unmarried Mothers	Of All First Births In State, Percent to Teen Mothers
	Under 15	15-17	18-19	Total Under 20	White	Black			
ALABAMA	379	4,278	6,367	11,024	5,440	5,531	76	69%	31%
ALASKA	13	416	767	1,196	652	98	54	69%	23%
ARIZONA	186	3,868	6,384	10,438	8,716	582	4790	78%	30%
ARKANSAS	181	2,388	4,098	6,667	4,266	2,346	80	63%	35%
CALIFORNIA	1,579	26,352	42,291	70,222	58,110	8,138	42254	70%	24%
COLORADO	129	2,431	3,893	6,453	5,622	616	2359	71%	23%
CONNECTICUT	102	1,478	2,177	3,757	2,656	1,032	1248	88%	14%
DELAWARE	43	496	781	1,320	712	597	102	88%	23%
DISTRICT OF COLUMBIA	81	784	982	1,847	66	1,734	133	96%	31%
FLORIDA	772	9,729	15,308	25,809	15,105	10,488	3739	77%	24%
GEORGIA	583	6,880	10,350	17,813	8,374	9,332	506	74%	28%
HAWAII	27	633	1,327	1,987	335	61	393	77%	19%
IDAHO	25	809	1,500	2,334	2,232	10	402	54%	29%
ILLINOIS	629	9,445	14,331	24,405	13,244	11,007	4737	83%	24%
INDIANA	188	4,073	7,617	11,878	9,258	2,581	397	77%	27%
IOWA	63	1,376	2,627	4,066	3,655	332	165	79%	22%
KANSAS	77	1,615	3,152	4,844	3,880	815	471	72%	26%
KENTUCKY	222	3,222	5,470	8,914	7,574	1,310	55	58%	30%
LOUISIANA	426	5,176	7,375	12,977	4,938	7,926	122	81%	35%
MAINE	17	488	1,017	1,522	1,474	14	13	79%	19%
MARYLAND	241	2,945	4,308	7,494	2,916	4,427	280	85%	19%
MASSACHUSETTS	137	2,361	4,112	6,610	5,136	1,274	1808	89%	14%
MICHIGAN	371	6,369	10,857	17,597	10,310	7,023	914	67%	24%
MINNESOTA	98	1,861	3,355	5,314	3,982	706	310	84%	17%
MISSISSIPPI	376	3,611	5,157	9,144	3,114	5,961	16	78%	39%
MISSOURI	237	3,855	6,576	10,668	7,222	3,370	188	75%	27%
MONTANA	15	499	903	1,417	1,073	9	36	75%	27%
NEBRASKA	42	768	1,537	2,347	1,900	317	238	77%	21%
NEVADA	63	1,082	1,840	2,985	2,371	469	776	71%	26%
NEW HAMPSHIRE	6	302	744	1,052	1,028	17	28	82%	14%
NEW JERSEY	274	3,572	5,427	9,273	4,817	4,366	2638	88%	14%
NEW MEXICO	95	1,958	2,915	4,968	4,105	153	3066	78%	35%
NEW YORK	642	9,953	15,586	26,181	16,274	9,602	7823	86%	17%
NORTH CAROLINA	437	5,743	9,370	15,550	8,032	7,083	399	74%	27%
NORTH DAKOTA	9	242	580	831	637	8	21	77%	21%
OHIO	470	7,739	13,434	21,643	15,018	6,520	604	81%	26%
OKLAHOMA	145	2,772	5,035	7,952	5,554	1,275	454	62%	32%
OREGON	83	1,843	3,249	5,175	4,707	249	741	73%	25%
PENNSYLVANIA	393	6,303	10,205	16,901	11,196	5,547	1578	87%	20%
RHODE ISLAND	23	572	865	1,460	1,122	245	310	89%	20%
SOUTH CAROLINA	257	3,279	5,169	8,705	3,963	4,688	94	76%	29%
SOUTH DAKOTA	10	406	779	1,195	782	12	18	77%	24%
TENNESSEE	317	4,419	7,573	12,309	7,796	4,458	98	68%	29%
TEXAS	1,324	19,812	30,613	51,749	41,433	9,897	26056	36%	30%
UTAH	45	1,400	2,551	3,996	3,754	53	539	57%	24%
VERMONT	8	186	455	649	633	5	2	77%	17%
VIRGINIA	279	3,621	6,483	10,383	5,878	4,384	438	74%	20%
WASHINGTON	163	2,997	5,486	8,646	7,335	598	1480	73%	22%
WEST VIRGINIA	87	1,341	2,397	3,825	3,621	198	9	60%	31%
WISCONSIN	175	2,483	4,577	7,235	4,700	2,094	471	83%	20%
WYOMING	10	304	606	920	854	12	116	66%	30%
U.S. TOTAL	12,554	190,535	310,558	513,647	347,572	149,570	113645	72%	24%

*Hispanic persons may be of any race.

Source/Notes: Unpublished and specially tabulated data from the National Center for Health Statistics, Department of Health and Human Services; forthcoming in *Vital Statistics of the United States, 1993, Vol. 1, Natality.* The proportion of births to unmarried women in Texas appears to be too low. Nonmarital births are inferred for California, Connecticut, Michigan, Nevada, New York, and Texas from information on the birth certificate.

TABLE 2: BIRTH RATES FOR TEENS 15-19 IN 1970, 1980, 1985, AND 1990-1993 AND FOR TEENS 15-17 AND 18-19 IN 1993 AND GONORRHEA RATES FOR FEMALES AGED 15-19 IN 1992

	Birth Rates (Births per 1,000) to Teen Mothers Aged 15-19							Birth Rates (Births per 1,000)		Percent of Teen Births That are 2nd or Later Births	Gonorrhea Rates (Cases per 1,000 Females 15-19)
	1970	1980	1985	1990	1991	1992	1993	Age 15-17 1993	Age 18-19 1993	1993	1992
ALABAMA	89	68	64	71	74	73	71	48	102	24%	16.0
ALASKA	87	64	56	65	65	63	57	33	92	21%	6.7
ARIZONA	77	66	67	76	80	81	80	50	126	24%	5.2
ARKANSAS	91	75	73	80	80	76	74	46	115	23%	10.7
CALIFORNIA	65	53	53	71	74	74	73	46	112	23%	5.0
COLORADO	64	50	48	55	58	58	55	35	87	20%	8.0
CONNECTICUT	43	31	31	39	40	39	39	26	58	23%	7.8
DELAWARE	72	51	51	55	61	60	60	39	89	23%	12.8
DISTRICT OF COLUMBIA	110	62	72	93	116	117	129	102	163	35%	36.9
FLORIDA	85	59	58	69	68	66	65	42	99	25%	9.6
GEORGIA	98	72	68	76	76	75	73	49	108	27%	20.6
HAWAII	60	51	48	61	59	54	53	30	85	22%	2.4
IDAHO	65	60	47	51	54	52	51	29	83	20%	0.8
ILLINOIS	66	56	51	63	65	64	63	41	96	27%	12.1
INDIANA	73	58	52	59	61	59	59	34	94	23%	8.4
IOWA	52	43	35	41	43	41	41	23	69	18%	4.3
KANSAS	61	57	52	56	55	56	56	31	94	22%	10.1
KENTUCKY	86	72	63	68	69	65	64	40	100	22%	5.8
LOUISIANA	85	76	72	74	76	76	76	53	111	25%	11.2
MAINE	65	47	42	43	44	40	37	20	63	18%	0.3
MARYLAND	68	43	46	53	54	51	50	34	75	23%	15.4
MASSACHUSETTS	38	28	29	35	38	38	38	24	58	21%	2.1
MICHIGAN	66	45	43	59	59	57	53	33	84	24%	11.9
MINNESOTA	42	35	31	36	37	36	35	20	58	20%	4.2
MISSISSIPPI	102	84	76	81	86	84	83	58	121	27%	21.8
MISSOURI	71	58	54	63	65	63	60	37	95	24%	13.8
MONTANA	58	49	44	48	47	46	46	27	76	16%	0.8
NEBRASKA	52	45	40	42	42	41	41	23	67	20%	6.0
NEVADA	90	59	55	73	75	71	73	45	117	22%	7.2
NEW HAMPSHIRE	55	34	32	33	33	31	31	15	55	17%	0.4
NEW JERSEY	48	35	34	41	41	39	38	25	58	22%	4.2
NEW MEXICO	77	72	73	78	80	80	81	54	124	22%	3.6
NEW YORK	49	35	36	44	46	45	46	30	69	22%	7.3
NORTH CAROLINA	86	58	57	68	70	70	67	43	101	23%	17.5
NORTH DAKOTA	43	42	36	35	36	37	37	18	67	14%	0.4
OHIO	63	53	50	58	61	58	57	35	89	23%	12.8
OKLAHOMA	81	75	69	67	72	70	69	40	111	23%	11.9
OREGON	56	51	43	55	55	53	51	30	84	20%	3.8
PENNSYLVANIA	52	41	40	45	47	45	44	28	68	24%	7.4
RHODE ISLAND	45	33	36	44	45	48	50	34	73	23%	2.7
SOUTH CAROLINA	89	65	63	71	73	71	66	44	98	24%	8.6
SOUTH DAKOTA	50	53	46	47	48	48	44	25	75	19%	1.5
TENNESSEE	87	64	61	72	75	72	70	43	110	24%	15.4
TEXAS	84	74	72	75	79	78	78	51	118	24%	9.3
UTAH	54	65	50	49	48	46	44	26	74	18%	0.9
VERMONT	53	40	36	34	39	36	35	17	63	18%	0.1
VIRGINIA	72	48	46	53	53	52	50	31	77	21%	10.4
WASHINGTON	58	47	45	53	54	51	50	29	82	19%	4.9
WEST VIRGINIA	72	68	54	57	58	56	56	33	88	18%	2.0
WISCONSIN	44	40	39	43	44	42	41	24	67	25%	4.0
WYOMING	69	79	59	56	54	49	50	27	86	16%	0.8
U.S. TOTAL	66	53	51	60	62	61	60	38	92	23%	9.4

Source/Notes: The 1985-1993 rates are calculated by Child Trends. Denominators use the latest revised data from the U.S. Bureau of the Census, Population Estimates Branch. These revisions affect birth rates in some states. Birth data and rates for 1970, 1980, and 1990 are published by the National Center for Health Statistics, Department of Health and Human Services. The 1970 rate represents the average for 1969-1971. Numbers of births for 1993 are provided by special tabulations made by Stephanie Ventura of NCHS. These data will be available in the forthcoming volume *Vital Statistics of the United States, 1993, Vol. 1, Natality.* Gonorrhea rates represent reported cases of gonorrhea from the division of Adolescent and School Health, Centers for Disease Control and Prevention. Population denominators for D.C. and less populated states are small and therefore some instability in rates can occur.

TABLE 3. BIRTHS TO TEENAGE MOTHERS IN LARGE U.S. CITIES IN 1993

City	BIRTHS TO TEENS			Of All Births for City, % to Mothers Under Age 20	NUMBER OF BIRTHS TO TEENS		BIRTHS TO UNMARRIED TEEN MOTHERS			Of all Births to Mothers Under Age 20, Percent Nonmarital
	Total Under 20	17 and Younger	Ages 18-19		White	Black	Total Under 20	17 and Younger	Ages 18-19	
AKRON, OH	674	260	414	18%	298	375	606	245	361	90%
ALBUQUERQUE, NM	1,182	528	654	15%	1,039	62	980	484	496	83%
AMARILLO, TX	546	230	316	20%	467	71	193	102	91	35%
ANAHEIM, CA	869	311	558	12%	821	23	550	213	337	63%
ANCHORAGE, AK	495	177	318	10%	295	70	337	148	189	68%
ARLINGTON, TX	480	164	316	9%	389	77	169	72	97	35%
ATLANTA, GA	1,800	868	932	21%	145	1,647	1,692	836	856	94%
AURORA, CO	453	183	270	11%	287	142	339	164	175	75%
AUSTIN, TX	1,311	570	741	14%	990	306	481	259	222	37%
BAKERSFIELD, CA	1,257	533	724	17%	1,061	177	1,008	466	542	80%
BALTIMORE, MD	2,645	1,297	1,348	22%	383	2,249	2,419	1,205	1,214	91%
BATON ROUGE, LA	822	366	456	16%	186	631	724	349	375	88%
BIRMINGHAM, AL	969	456	513	22%	102	867	884	438	446	91%
BOSTON, MA	1,026	408	618	12%	410	589	965	400	565	94%
BRIDGEPORT, CT	502	234	268	20%	308	187	449	219	230	89%
BUFFALO, NY	1,005	451	554	17%	401	594	940	439	501	94%
CHARLOTTE, NC	900	391	509	13%	255	634	801	370	431	89%
CHATTANOOGA, TN	530	222	308	22%	197	332	463	205	258	87%
CHESAPEAKE, VA	317	128	189	11%	146	170	259	116	143	82%
CHICAGO, IL	10,973	4,922	6,051	19%	3,622	7,279	9,805	4,664	5,141	89%
CINCINNATI, OH	1,368	619	749	21%	412	953	1,282	599	683	94%
CLEVELAND, OH	2,187	981	1,206	21%	682	1,497	2,050	954	1,096	94%
COLORADO SPRINGS, CO	692	246	446	12%	559	109	459	209	250	66%
COLUMBUS, GA	626	278	348	21%	210	410	509	253	256	81%
COLUMBUS, OH	1,709	692	1,017	16%	866	816	1,498	641	857	88%
CORPUS CHRISTI, TX	881	411	470	19%	816	54	290	148	142	33%
DALLAS, TX	3,887	1,701	2,186	18%	2,177	1,669	1,983	993	990	51%
DAYTON, OH	632	287	345	19%	219	410	585	275	310	93%
DENVER, CO	1,424	610	814	16%	1,084	293	1,098	548	550	77%
DES MOINES, IA	509	204	305	14%	403	91	438	187	251	86%
DETROIT, MI	4,548	1,929	2,619	22%	462	4,055	4,262	1,864	2,398	94%
EL PASO, TX	2,426	927	1,499	17%	2,345	69	965	434	531	40%
FLINT, MI	768	341	427	22%	246	519	459	238	221	60%
FT. LAUDERDALE, FL	622	283	339	15%	142	480	561	273	288	90%
FORT WAYNE, IN	565	223	342	16%	324	233	495	214	281	88%
FORT WORTH, TX	1,568	693	875	17%	985	562	572	306	266	36%
FREMONT, CA	169	71	98	5%	137	16	108	56	52	64%
FRESNO, CA	1,892	847	1045	18%	1,291	243	1,286	594	692	68%
GARDEN GROVE, CA	330	127	203	10%	286	7	195	74	121	59%
GARLAND, TX	430	178	252	13%	329	95	172	85	87	40%
GARY, IN	621	279	342	27%	75	545	598	275	323	96%
GLENDALE, CA	176	55	121	7%	164	2	138	47	91	78%
GRAND RAPIDS, MI	591	253	338	15%	277	301	369	168	201	62%
GREENSBORO, NC	404	152	252	15%	113	281	359	143	216	89%
HARTFORD, CT	648	315	333	23%	375	257	605	296	309	93%
HIALEAH, FL	295	106	189	11%	280	15	187	74	113	63%
HONOLULU, HI	396	132	264	7%	60	20	330	121	209	83%
HOUSTON, TX	6,399	2,673	3,726	16%	3,931	2,384	3,181	1,513	1,668	50%
HUNTINGTON BEACH, CA	179	75	104	6%	169	3	116	52	64	65%
HUNTSVILLE, AL	366	148	218	15%	136	226	295	139	156	81%
INDIANAPOLIS, IN	2,201	882	1,319	16%	1,205	989	1,933	826	1,107	88%
IRVING, TX	400	145	255	13%	357	38	150	66	84	38%
JACKSON, MS	720	315	405	21%	81	638	667	306	361	93%
JACKSONVILLE, FL	1,761	711	1,050	16%	823	923	1,386	627	759	79%
JERSEY CITY, NJ	593	278	315	14%	218	353	545	268	277	92%
KANSAS CITY, KS	579	274	305	22%	296	271	513	252	261	89%
KANSAS CITY, MO	1,171	507	664	16%	419	735	1,053	481	572	90%
KNOXVILLE, TN	416	158	258	16%	262	153	304	130	174	73%
LAS VEGAS, NV	1,256	493	763	14%	941	264	944	407	537	75%
LEXINGTON-FAYETTE, KY	437	192	245	12%	274	163	332	166	166	76%
LINCOLN, NE	225	78	147	8%	180	20	182	75	107	81%
LITTLE ROCK, AR	482	209	273	16%	101	380	424	190	234	88%
LONG BEACH, CA	1,339	565	774	13%	854	364	961	436	525	72%
LOS ANGELES, CA	10,813	4,368	6,445	13%	9,013	1,662	8,431	3,616	4,815	78%
LOUISVILLE, KY	1,223	535	688	20%	610	605	1,072	499	573	88%
LUBBOCK, TX	591	240	351	18%	492	96	222	108	114	38%
MADISON, WI	202	68	134	7%	115	66	163	58	105	81%
MEMPHIS, TN	2,523	1,107	1,416	21%	336	2,179	2,312	1,071	1,241	92%
MESA, AZ	714	260	454	12%	660	23	543	227	316	76%

(continued)

TABLE 3. BIRTHS TO TEENAGE MOTHERS IN LARGE U.S. CITIES IN 1993 (continued)

City	BIRTHS TO TEENS: Total Under 20	BIRTHS TO TEENS: 17 and Younger	BIRTHS TO TEENS: Ages 18-19	Of All Births in City, % to Mothers Under Age 20	NUMBER OF BIRTHS TO TEENS: White	NUMBER OF BIRTHS TO TEENS: Black	BIRTHS TO UNMARRIED TEEN MOTHERS: Total Under 20	BIRTHS TO UNMARRIED TEEN MOTHERS: 17 and Younger	BIRTHS TO UNMARRIED TEEN MOTHERS: Ages 18-19	Of all Births to Mothers Under Age 20, Percent Nonmarital
MIAMI, FL	2,408	1,069	1,339	14%	962	1,441	2,072	987	1,085	86%
MILWAUKEE, WI	2,500	1,085	1,415	21%	678	1,720	2,318	1,041	1,277	93%
MINNEAPOLIS, MN	856	402	454	14%	255	421	786	388	398	92%
MOBILE, AL	678	314	364	18%	171	501	584	291	293	86%
MODESTO, CA	610	255	355	15%	537	21	407	186	221	67%
MONTGOMERY, AL	593	263	330	18%	126	466	512	247	265	86%
NASHV'L.-DAVIDSON, TN	1,259	548	711	15%	583	666	1,086	511	575	86%
NEWARK, NJ	1,002	446	556	19%	312	686	929	425	504	93%
NEW ORLEANS, LA	2,126	961	1,165	23%	92	2,021	2,035	950	1,085	96%
NEWPORT NEWS, VA	523	196	327	15%	220	295	377	176	201	72%
NEW YORK, NY	13,833	5,813	8,020	11%	7,447	6,216	12,195	5,449	6,746	88%
NORFOLK, VA	841	319	522	16%	279	552	632	293	339	75%
OAKLAND, CA	1,087	478	609	15%	325	670	840	376	464	77%
OKLAHOMA CITY, OK	1,293	540	753	18%	812	397	967	460	507	75%
OMAHA, NE	673	264	409	13%	371	280	603	255	348	90%
ORLANDO, FL	1,028	436	592	16%	507	509	848	405	443	82%
OXNARD, CA	590	208	382	14%	548	29	300	120	180	51%
PATERSON, NJ	576	278	298	17%	316	259	500	258	242	87%
PHILADELPHIA, PA	4,737	2,210	2,527	18%	1,460	3,190	4,534	2,178	2,356	96%
PHOENIX, AZ	3,353	1,336	2,017	16%	2,882	340	2,784	1,230	1,554	83%
PITTSBURGH, PA	804	357	447	16%	213	583	764	348	416	95%
PORTLAND, OR	875	363	512	13%	594	210	748	335	413	85%
PROVIDENCE, RI	554	246	308	18%	341	148	493	237	256	89%
RALEIGH, NC	283	122	161	8%	69	213	250	115	135	88%
RICHMOND, VA	619	294	325	18%	62	556	590	287	303	95%
RIVERSIDE, CA	902	346	556	14%	781	79	663	286	377	74%
ROCHESTER, NY	980	461	519	18%	372	599	921	452	469	94%
SACRAMENTO, CA	1,888	815	1,073	15%	1,079	489	1,269	578	691	67%
ST LOUIS, MO	1,760	853	907	23%	254	1,500	1,708	843	865	97%
ST PAUL, MN	696	301	395	14%	328	168	569	268	301	82%
ST PETERSBURG, FL	620	244	376	18%	242	366	532	228	304	86%
SALT LAKE CITY, UT	607	232	375	10%	550	17	384	180	204	63%
SAN ANTONIO, TX	3,691	1,553	2,138	18%	3,366	296	1,412	663	749	38%
SAN BERNARDINO, CA	916	395	521	17%	684	203	755	349	406	82%
SAN DIEGO, CA	2,327	938	1,389	11%	1,688	415	1,571	692	879	68%
SAN FRANCISCO, CA	672	289	383	7%	332	247	495	225	270	74%
SAN JOSE, CA	1,733	745	988	10%	1,445	107	1,300	611	689	75%
SANTA ANA, CA	1,380	536	844	13%	1,331	10	861	385	476	62%
SAVANNAH, GA	608	275	333	21%	131	476	527	257	270	87%
SEATTLE, WA	516	209	307	7%	244	163	438	199	239	85%
SHREVEPORT, LA	667	303	364	21%	145	520	578	290	288	87%
SPOKANE, WA	483	164	319	13%	426	20	333	135	198	69%
SPRINGFIELD, MA	587	261	326	22%	428	151	540	254	286	92%
SPRINGFIELD, MO	303	111	192	15%	283	17	184	88	96	61%
STOCKTON, CA	1,007	433	574	17%	587	171	708	323	385	70%
SYRACUSE, NY	588	274	314	20%	242	332	545	269	276	93%
TACOMA, WA	478	202	276	15%	324	94	401	193	208	84%
TAMPA, FL	1,243	506	737	17%	560	674	1,039	461	578	84%
TEMPE, AZ	206	84	122	11%	172	18	164	69	95	80%
TOLEDO, OH	1,101	431	670	18%	621	471	1,002	416	586	91%
TUCSON, AZ	1,347	503	844	15%	1,231	73	1,045	443	602	78%
TULSA, OK	1,002	385	617	16%	563	343	762	326	436	76%
VIRGINIA BEACH, VA	608	197	411	8%	400	192	393	164	229	65%
WARREN, MI	154	55	99	9%	148	2	82	34	48	53%
WASHINGTON, DC	1,847	865	982	17%	66	1,734	1,775	851	924	96%
WICHITA, KS	944	353	591	15%	669	233	728	315	413	77%
WINSTON-SALEM, NC	407	190	217	16%	101	304	364	180	184	89%
WORCESTER, MA	407	154	253	15%	341	52	368	144	224	90%
YONKERS, NY	308	145	163	11%	206	95	254	125	129	82%

Source/Notes: Unpublished data from the National Center for Health Statistics, Department of Health and Human Services; forthcoming in *Vital Statistics of the United States, 1993, Vol. 1, Natality.* The proportion of births to unmarried women in Texas appears to be too low. Nonmarital births are inferred for California, Connecticut, Michigan, Nevada, New York, and Texas from information on the birth certificate.

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Bombing Suspect's Letter Printed

Book by Nichols's Ex-Wife Includes New Details on Oklahoma Case

By Richard A. Serrano
Los Angeles Times

OKLAHOMA CITY, Oct. 14—The full text of a letter that Terry Lynn Nichols wrote before the bomb attack on the federal building here provides explicit details on matters from the storage lockers allegedly used to house the bomb ingredients to the alias he reportedly adopted to hide his role.

The November 1994 letter to Timothy James McVeigh, now Nichols's co-defendant in the bombing case, appears to support the government's argument that it was intended as a message that McVeigh should go ahead with plans for the attack. Nichols's attorneys have [illegible] that does not implicate him.

The letter could be a central piece of evidence against the pair, particularly Nichols, because it allegedly reveals their preparations for the April 19 attack on the Alfred P. Murrah Federal Building. The blast killed 169 people and injured 600.

Padilla's book addresses other aspects of the case. It reports, for instance, that after McVeigh's arrest, federal agents found on the front seat of his car "correspondence vowing revenge against federal authorities" for the 1993 siege of the Branch Davidian compound near Waco, Tex.

Padilla also described her grand jury testimony and asserted that the FBI realized within a week of the explosion that there was no John Doe No. 2, the [illegible]

said they later found silver and gold bullion. It tells him to empty other storage lockers in Kansas or extend the leases under the fictitious name of "Ted Parker of Decker."

That is "the alias the government says Nichols used to rent the lockers. Decker appears to be a reference to Decker, Mich., where Nichols and McVeigh once lived together.

Nichols also left a letter for Padilla, in which he told her about $20,000 in cash he hid under her kitchen drawer.

Government sources have indicated the "Go for it!" phrase in the letter was intended to urge McVeigh to carry out the bombing. But Michael Tigar, Nichols's lawyer, has [illegible]

Weld is generally considered [illegible]ng the most liberal of the Republican state executives, who [illegible]trol a majority of the nation's governorships. His stance on unwed teenage mothers suggests that other states also might take advantage of their expected new authority to drop such recipients from the Aid to Families with Dependent Children program.

Nearly every state has already modified its AFDC program under special authority granted by the federal Health and Human Services Department. Under current rules, HHS must waive federal guidelines before states can experiment with new approaches.

So far, only California has proposed anything remotely similar to Weld's plan, officials say.

Yet the public's disdain for the current welfare system seems to be growing so fast that some experts wonder whether lopping unwed teenagers off the AFDC rolls might soon be as widely accepted as once-controversial requirements that welfare recipients find jobs.

The Senate-passed welfare bill would allow the states to cut off unwed mothers, and the House-passed bill would require the cutoff. A conference committee could begin trying to reconcile the two versions this week.

In Massachusetts, Weld's proposal to eliminate welfare payments to unmarried mothers under 18 and their children sparked fierce criticism from the Democrats who control the Massachusetts legislature as well as from Cardinal Bernard Law of Boston.

"No mother, however poor, however young, should be forced to choose between a poor child and a dead child," Law said. He said that by eliminating even subsistence support and making abortion readily available, Massachusetts was forcing teenagers to make a "cruel choice."

Massachusetts House Speaker Charles F. Flaherty (D) called Weld's plan "outrageous" and predicted its defeat in the legislature. Flaherty said Weld's proposal "has more to do with his political plans" to run against Sen. John F. Kerry (D) next year than with any conviction that it is good policy.

Weld said he introduced the bill because of Boston's disastrous crime rate, which he said law enforcement officials trace in large measure to children without fathers. "The number one social problem in the United States is there are entire neighborhoods where there are no fathers," he said.

"By actively supporting children out of wedlock," Weld said, "government has completely eliminated the shotgun wedding as a socializing force—and that is too bad, because it means that a terrible percentage of American children are growing up fatherless."

A year ago Weld opposed a requirement in the House welfare bill to force states to cut off cash aid to teenagers who bear children out of wedlock. Weld acknowledges he has changed his mind.

Research shows that 55 percent of unmarried teenage mothers find themselves in poverty within a year of the birth of their first child and that 77 percent are below the poverty line within five years, according to Massachusetts social service officials.

Although initial public reaction was hostile to Weld's plan, the governor said it is "obviously the way to go, and over time this will sink in."

Not only would unmarried mothers under 18 be dropped from AFDC, but they would be required to live at home and attend school as a condition of receiving food stamps, medical assistance and aid through the Women, Infants and Children (WIC) nutrition program.

The governor, speaking before the American Society of Newspaper Editors on Friday in Boston and in an interview, said the "institutional-nuttiness" of the welfare system had "promoted illegitimacy on a massive scale" by encouraging young people to have children by giving them $486 a month, food stamps and their own cool pad."

Roughly 650 families would be affected by the Weld provision if it were [illegible]tuted today. It would go into effect 10 months after enactment, according to Gerald Whitburn, sec-

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

EMBARGOED FOR 4 P.M. EDT
Thursday, Sept. 21, 1995

Contact: CDC (404) 639-3286

CDC RELEASES NATALITY AND TEEN PREGNANCY REPORTS

Teen births are down nationwide and teen pregnancy declined in a majority of states, according to two new studies from the Centers for Disease Control and Prevention released today. CDC also reports that the rate of unmarried childbearing among women of all ages may have stabilized, and the agency released new findings on maternal and infant health.

Although the 1993 teen birth rate is still higher than 20 years ago, the birth rate for those 15-19 declined 4 percent from 1991 to 1993, according to the Advance Report of Final Natality Statistics, 1993, the annual report on birth patterns in America from CDC's National Center for Health Statistics. Teen pregnancy rates (including both births and abortions) were down in a majority of states as reported in "State-Specific Pregnancy and Birth Rates Among Teenagers--United States, 1991-1992," in the Sept. 22 Morbidity and Mortality Weekly Report, also being released today.

"Although these findings are encouraging, we clearly still need to do more to reduce teen pregnancy," said HHS Secretary Donna E. Shalala.

After increasing steadily between 1986 and 1991, the birth rate for teenagers 15-17 years declined 2 percent from 1991 to 1992 and was unchanged in 1993 at 37.8 births per 1,000. The birth rate for

older teens aged 18-19 was down 3 percent in 1993, to 92.1 per 1,000.

Pregnancy rates for teens declined in 30 of 41 reporting states and in the District of Columbia from 1991 to 1992. Decreases in teen pregnancy are reflected in a decline in both abortion and birth rates, with greater declines noted in the abortion rates. There were a wide range in pregnancy rates by state, from 53.7 per 1,000 women 15-19 in Wyoming to 106.9 for Georgia. Rates increased significantly in only two states.

In 1993, there were over a half-million births to teenagers -- over 200,000 to those not even 18. The teenage population is growing and if teen birth rates do not continue to decline, there will be a rise in the number of teen births over the next few years.

The 1993 annual natality report also documents that the rate of nonmarital childbearing has been essentially unchanged for three consecutive years, at 45.3 births per 1,000 unmarried women aged 15-44 in 1993. Prior to this period, there had been a 50-year rise in childbearing by unmarried women, and from 1980 to 1991 the rate increased 54 percent. Nonmarital births totaled just over 1.2 million in 1993 and accounted for 31 percent of all births that year.

The birth rate for unmarried teens leveled off between 1991 and 1993, showing the same pattern as that for all unmarried women. The vast majority of teen births are nonmarital (72 percent) but teen unmarried births account for only 30 percent of all nonmarital births.

Overall, births in the United States declined in 1993 for the third consecutive year, to just over 4 million. The birth rate per 1,000 total population declined to 15.5, its lowest point in 15 years. Birth rates for women in their twenties, the peak childbearing ages, declined in 1993 by 2 percent.

After rising steadily for almost two decades, birth rates for women in their thirties appear to have stabilized, recording just modest increases for the past few years. Still, there were more than 900,000 births to women in their early thirties, and the number of births to women aged 35-39, 357,000, was higher than in any year since 1960.

More than 100,000 babies were born in multiple deliveries in 1993, the highest number ever reported. Live births in twin delivery increased 1 percent while the number of triplet and higher-order plural births rose 7 percent.

The report documents maternal medical and lifestyle risk factors during pregnancy and their impact on the health of the infant:

-- **Cigarette smoking** during pregnancy declined to 15.8 percent, down from 19.5 percent in 1989, the first year that information on smoking was recorded on the birth certificate. Smoking during pregnancy declined in all age groups; still almost a quarter of young white and American Indian women, aged 15-24, smoked during pregnancy. Smoking is a key risk factor for low birth weight and infant mortality.

-- The most frequently-reported **medical risk factors** continued to be anemia, diabetes, and pregnancy-related hypertension.

-- **Prenatal care utilization** improved in 1993, following more than a decade of little change, with 79 percent of mothers receiving care in the first trimester. Fewer than 5 percent of mothers had late or no care, the lowest level since 1969.

-- The **cesarean delivery rate** declined again in 1993, to 21.8 percent of all births, continuing the downward trend noted in recent years following a rapid and steady increase through the late 1980s. The vaginal birth after cesarean delivery (VBAC) rate increased 8 percent in 1993.

Other measures of maternal and infant health were not so positive, the annual report shows.

-- **Preterm births** (prior to 37 completed weeks) increased 3 percent in 1993 to 11 percent of all births and almost one in five black infants.

-- **Low birthweight** increased from 7.1 to 7.2 percent the highest level reported since 1976. Most of the rise occurred among white births (6.0 percent), but low birthweight is still much higher among black infants (13.3). Low birthweight contributes to three-quarters of all infant deaths.

Data in Advance Report of Final Natality Statistics, 1993, are based on the birth certificates filed in state vital statistics offices and reported to the National Center for Health Statistics through the Vital Statistics Cooperative Program. "State-Specific Pregnancy and Birth Rates Among Teenagers--United States, 1991-1992," is based on birth certificate data as well as abortions reported to the Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. Both centers are part of the Centers for Disease Control and Prevention, U.S. Public Health Service, within HHS.

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Note: For further information regarding these individual reports, please contact: "State-Specific Pregnancy and Birth Rates Among Teenagers--United States, 1991-1992," MMWR, Rachel Kaufmann or Lisa Koonin at 404-488-5200. Advance Report of Final Natality Statistics, 1993, Stephanie Ventura at 301-436-8954 or Sandy Smith at 301-436-7551.

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January 1996

TO: Individuals and Organizations Concerned About Teenage Pregnancy and Childbearing

FROM: Kristin A. Moore, Ph.D.

SUBJECT: Release of *Facts at a Glance*, reporting 1993 data on teen fertility in the United States

Debbie
FYI
Janet

The teen birth rate is no longer increasing in the United States. Declines, while quite small, have occurred in nearly all states. Small declines occurred among both blacks and whites, though not among Hispanic teens. Nevertheless, at 60 births per 1,000 females aged 15-19 in 1993, the U.S. teen birth rate remains much higher than in other industrialized democracies.

It is particularly important to reduce rates of teenage childbearing because the number of teens is increasing. The number of girls aged 14-17 will increase by 1.2 million between 1995 and 2005. Reflecting this fact, the number of births to school-age adolescents has begun to increase, even though the teen birth rate has stopped increasing.

Substantial policy attention has focused on teenage childbearing this past year. Relevant to the discussion are two reports prepared by Child Trends. *Adolescent Sex, Contraception and Childbearing: A Review of Recent Research* summarizes studies on the antecedents of adolescent sexual activity, contraceptive use and pregnancy resolution. *Adolescent Pregnancy Prevention Programs: Interventions and Evaluations* provides an overview of programs and of evaluations and discusses the need for new intervention efforts with stronger evaluations. Copies of these reports may be obtained from National Technical Information Services (NTIS) or directly from Child Trends using the enclosed form.

This fact sheet has not been copyrighted, and it may be reproduced and disseminated to any person or organization who would benefit from the information. References are available upon request.

If this fact sheet has reached an inappropriate office or person, please forward it to the appropriate person. If you would like to add someone to our mailing list, or if you would like to have an address corrected or deleted, please write or fax us with the corrected information. We can also be reached by e-mail at 73252.3431@compuserve.com.

This informational effort is funded by the Charles Stewart Mott Foundation of Flint, Michigan.

FACTSFACTSFA AT A GLANCE

January 1996

TEEN BIRTH RATE. Between 1986 and 1991, the teen birth rate rose by one-fourth. In 1992 and again in 1993, tiny declines occurred. Although the decline in the teen birth rate was small, it occurred in nearly every state. It is too soon to know whether this slight decline represents the beginning of a sustained downturn.

Teen Birth Rate (Births per 1,000 Females Aged 15-19)

All Females	1960	1970	1980	1985	1986	1987	1988	1989	1990	1991	1992	1993
15-19	89.1	68.3	53.0	51.0	50.2	50.6	53.0	57.3	59.9	62.1	60.7	59.6
15-17	–	38.8	35.5	31.0	30.5	31.7	33.6	36.4	37.5	38.7	37.8	37.8
18-19	–	114.7	82.1	79.6	79.6	78.5	79.9	84.2	88.6	94.4	94.5	92.1

NUMBER OF BIRTHS TO TEENS. The number of births to teens also declined slightly in 1993. However, this decline was concentrated among older teens. The number of births to adolescents 17 and younger rose slightly, reflecting an increase in the population of younger teens.

Number of Births to Females Under Age 20

Ages	1960	1970	1980	1985	1986	1987	1988	1989	1990	1991	1992	1993
Under 15	6,780	11,752	10,169	10,220	10,176	10,311	10,588	11,486	11,657	12,014	12,220	12,554
15-17	182,408	223,590	198,222	167,789	168,572	172,591	176,624	181,044	183,327	188,226	187,549	190,535
18-19	404,558	421,118	353,939	299,696	293,333	289,721	301,729	325,459	338,499	331,351	317,866	310,558
Under 20	593,746	656,460	562,330	477,705	472,081	472,623	488,941	517,989	533,483	531,591	517,635	513,647

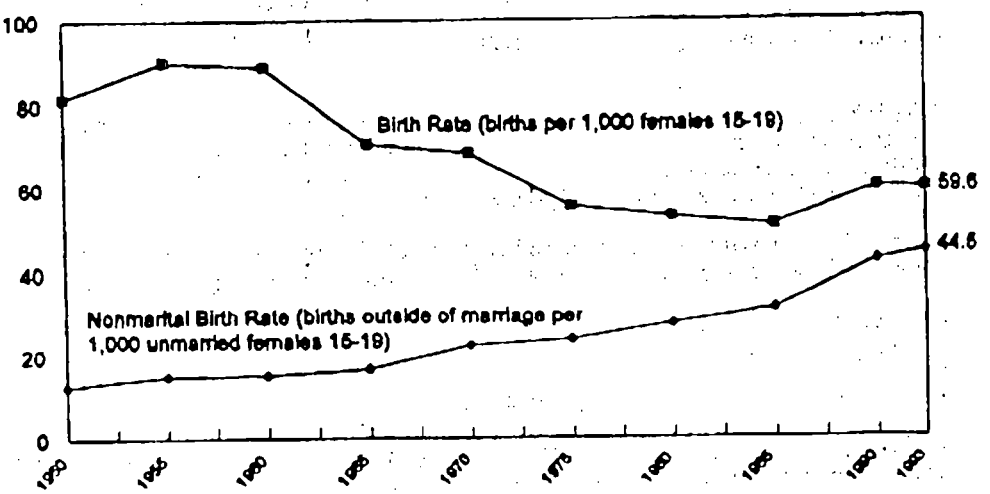
NONMARITAL BIRTHS. In 1993, the percent of teen births that occurred outside of marriage continued to increase, rising to 72%.

Percent of Births that Were Nonmarital:	1960	1970	1980	1985	1986	1987	1988	1989	1990	1991	1992	1993
to Mothers Under Age 20	15	30	48	59	61	64	66	67	68	69	71	72%
to Mothers Aged 20-24	5	9	19	26	29	31	33	35	37	39	41	42%

FATHERS. Among teens 15-17 who have babies, half of the fathers of the babies are age 20 or older.

TRENDS IN THE TEEN BIRTH RATE AND THE NONMARITAL TEEN BIRTH RATE, 1950-1993. Despite the rise in the teen birth rate that occurred in the late 1980s, the teen birth rate is nevertheless lower now than it was in the 1950s and 1960s.

On the other hand, the nonmarital teen birth rate has risen steadily.



In 1993, the teen birth rate dropped slightly among non-Hispanic whites and blacks, but stayed the same among Hispanic teens. The birth rate for Hispanic teens and black teens is now quite similar.

Birth Rate: Births Per 1,000 Females Aged 15-19, by Race/Ethnicity

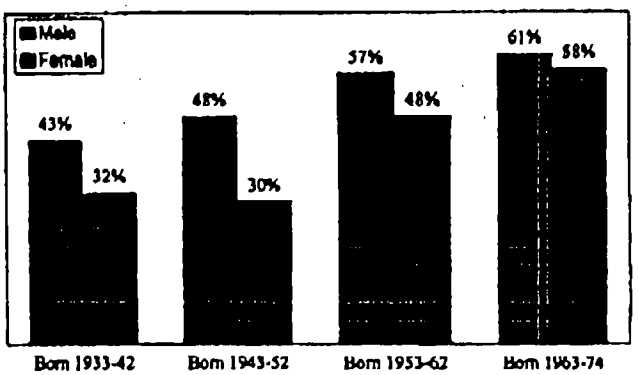
Race/Ethnicity	1980	1986	1989	1990	1991	1992	1993
Hispanics	82	80	91	100	107	107	107
Non-Hispanic Blacks	105	104	112	116	118	116	111
Non-Hispanic Whites	41	36	40	43	43	42	40

Note: 1980 data on Hispanic ethnicity are reported for 22 states, accounting for 90% of Hispanic births; 1986 data are for 23 states and DC; 1989 data are for 47 states and DC; 1990 data are for 48 states and DC; 1991 and 1992 data are for 49 states and DC; 1993 data are for all states and DC.

ABORTION AMONG U.S. TEENS. In 1991, the most recent year for which abortion data are available, U.S. teens had 858,000 pregnancies (not counting miscarriages), of which 326,000 ended in abortion, and 532,000 ended in a live birth. In the late 1980s and early 1990s, the number of abortions, the abortion rate, and the proportion of pregnancies ending in abortion all declined among teens. Comparable declines in abortion did not occur among older women.

	1973	1975	1980	1985	1990	1991
			Number of Abortions			
Age < 15	11,630	15,260	15,340	16,970	12,580	12,000
Age 15-19	231,900	326,780	444,780	399,200	350,970	314,000
			Abortion Rate (Abortions per 1,000 females 15-19)			
Age 15-19	22.8	31.2	42.8	43.5	40.3	37.6
			Abortion Ratio (Percent of births plus abortions, ending in abortion)			
Age < 15	47%	55%	60%	62%	52%	50%
Age 15-19	28%	36%	43%	46%	40%	38%

TRENDS IN AGE OF FIRST SEX. Data from several surveys confirm a trend toward earlier sex. For example, data from the National Health and Social Life Survey indicate that the proportion of teens having sex by age 18 has risen (see chart). The gap between male and female teens has narrowed. Among youth who turned 18 between 1981 and 1992, 58% of females and 61% of males had sex by age 18.



Adolescents with well-educated parents are more likely to delay having sex. For example, analyses of the National Health Interview Survey 1992 Supplement indicate that a quarter of girls whose parent had not completed high school had sex by age 15, compared to 11% of girls with a college-educated parent.

INTERVENTIONS. Appropriate interventions to prevent adolescent childbearing will vary depending on the characteristics, needs and values of the community and/or of the family. For example, advantaged teens from effective families may require little or no formal program intervention. Disadvantaged adolescents from multiple-problem families may require early and comprehensive intervention efforts.

Intervention programs need to be based on research findings. Researchers consistently find four broad factors that predict early sex, adolescent pregnancy, and nonmarital childbearing among teens:

- early school failure,
- early behavior problems,
- poverty, and
- family problems and family dysfunction.

Addressing these factors with comprehensive programs for disadvantaged children in their preschool and elementary school years represents a promising direction for intervention efforts.

TABLE 1: BIRTHS TO MOTHERS UNDER AGE 20 IN 1993

	NUMBER OF BIRTHS TO MOTHERS AGED:				Births to Mothers Under Age 20:		Hispanic Ethnicity:* Number of Births to Hispanic Females Under Age 20	Percent of Teen Births to Unmarried Mothers	Of All First Births in State, Percent to Teen Mothers
	Under 15	15-17	18-19	Total Under 20	White	Black			
ALABAMA	379	4,278	6,367	11,024	5,440	5,531	78	69%	31%
ALASKA	13	416	767	1,196	662	98	64	69%	23%
ARIZONA	188	3,668	6,384	10,438	6,716	582	4790	78%	30%
ARKANSAS	181	2,388	4,098	6,667	4,266	2,348	80	63%	35%
CALIFORNIA	1,679	26,352	42,291	70,222	58,110	8,138	42254	70%	24%
COLORADO	129	2,431	3,893	6,453	5,622	616	2359	71%	23%
CONNECTICUT	102	1,478	2,177	3,757	2,656	1,032	1248	88%	14%
DELAWARE	43	496	781	1,320	712	597	102	88%	23%
DISTRICT OF COLUMBIA	81	784	982	1,847	66	1,734	133	96%	31%
FLORIDA	772	9,729	15,308	25,809	15,105	10,488	3739	77%	24%
GEORGIA	583	6,880	10,350	17,813	8,374	9,332	506	74%	28%
HAWAII	27	633	1,327	1,987	335	61	393	77%	19%
IDAHO	25	809	1,500	2,334	2,232	10	402	54%	29%
ILLINOIS	829	9,445	14,331	24,405	13,244	11,007	4737	83%	24%
INDIANA	188	4,073	7,617	11,878	9,258	2,681	397	77%	27%
IOWA	63	1,376	2,627	4,066	3,655	332	185	79%	22%
KANSAS	77	1,615	3,152	4,844	3,680	815	471	72%	26%
KENTUCKY	222	3,222	5,470	8,914	7,574	1,310	55	58%	30%
LOUISIANA	426	5,176	7,376	12,977	4,938	7,926	122	81%	35%
MAINE	17	488	1,017	1,522	1,474	14	13	79%	19%
MARYLAND	241	2,945	4,308	7,494	2,918	4,427	280	85%	19%
MASSACHUSETTS	137	2,361	4,112	6,610	5,136	1,274	1808	89%	14%
MICHIGAN	371	6,389	10,857	17,597	10,310	7,023	914	67%	24%
MINNESOTA	98	1,861	3,355	5,314	3,982	706	310	84%	17%
MISSISSIPPI	376	3,611	5,157	9,144	3,114	5,961	16	78%	39%
MISSOURI	237	3,855	6,576	10,668	7,222	3,370	188	76%	27%
MONTANA	15	499	903	1,417	1,073	9	36	76%	27%
NEBRASKA	42	768	1,537	2,347	1,900	317	238	77%	21%
NEVADA	63	1,082	1,840	2,985	2,371	469	776	71%	26%
NEW HAMPSHIRE	6	302	744	1,052	1,028	17	28	82%	14%
NEW JERSEY	274	3,572	5,427	9,273	4,817	4,366	2638	88%	14%
NEW MEXICO	95	1,958	2,915	4,968	4,105	183	3066	78%	35%
NEW YORK	642	9,953	16,586	26,181	16,274	9,602	7823	86%	17%
NORTH CAROLINA	437	6,743	9,370	16,550	8,032	7,083	399	74%	27%
NORTH DAKOTA	9	242	580	831	637	8	21	77%	21%
OHIO	470	7,739	13,434	21,643	15,018	6,520	604	81%	26%
OKLAHOMA	145	2,772	5,035	7,952	5,554	1,276	454	82%	32%
OREGON	83	1,843	3,249	5,175	4,707	249	741	73%	25%
PENNSYLVANIA	393	6,303	10,205	16,901	11,196	5,547	1578	87%	20%
RHODE ISLAND	23	572	885	1,480	1,122	245	310	89%	20%
SOUTH CAROLINA	267	3,279	5,159	8,705	3,963	4,668	94	76%	29%
SOUTH DAKOTA	10	406	779	1,195	782	12	18	77%	24%
TENNESSEE	317	4,419	7,573	12,309	7,796	4,468	98	68%	29%
TEXAS	1,324	19,812	30,613	51,749	41,433	9,897	26056	36%	30%
UTAH	45	1,400	2,551	3,996	3,764	53	539	57%	24%
VERMONT	6	186	455	649	633	5	2	77%	17%
VIRGINIA	279	3,821	6,483	10,383	5,878	4,384	438	74%	20%
WASHINGTON	163	2,997	5,486	8,646	7,335	598	1480	73%	22%
WEST VIRGINIA	87	1,341	2,397	3,825	3,621	198	9	60%	31%
WISCONSIN	175	2,483	4,577	7,235	4,700	2,094	471	63%	20%
WYOMING	10	304	606	920	854	12	116	66%	30%
U.S. TOTAL	12,554	190,535	310,558	513,647	347,572	149,570	113645	72%	24%

*Hispanic persons may be of any race.

Source/Notes: Unpublished and specially tabulated data from the National Center for Health Statistics, Department of Health and Human Services; forthcoming in *Vital Statistics of the United States, 1993, Vol. 1, Natality*. The proportion of births to unmarried women in Texas appears to be too low. Nonmarital births are inferred for California, Connecticut, Michigan, Nevada, New York, and Texas from information on the birth certificate.

TABLE 2: BIRTH RATES FOR TEENS 15-19 IN 1970, 1980, 1985, AND 1990-1993 AND FOR TEENS 15-17 AND 18-19 IN 1993 AND GONORRHEA RATES FOR FEMALES AGED 15-19 IN 1992

	Birth Rates (Births per 1,000) to Teen Mothers Aged 15-19							Birth Rates (Births per 1,000)		Percent of Teen Births That are 2nd or Later Births	Gonorrhea Rates (Cases per 1,000 Females 15-19)
	1970	1980	1985	1990	1991	1992	1993	Age 15-17 1993	Age 18-19 1993	1993	1992
ALABAMA	89	68	64	71	74	73	71	48	102	24%	16.0
ALASKA	87	64	56	65	65	63	57	33	92	21%	6.7
ARIZONA	77	66	67	76	80	81	80	60	126	24%	6.2
ARKANSAS	91	76	73	80	80	76	74	48	115	23%	10.7
CALIFORNIA	65	53	53	71	74	74	73	46	112	23%	5.0
COLORADO	64	50	48	55	58	58	55	35	87	20%	8.0
CONNECTICUT	43	31	31	38	40	39	39	26	58	23%	7.8
DELAWARE	72	51	51	55	61	60	60	39	89	23%	12.8
DISTRICT OF COLUMBIA	110	62	72	93	116	117	129	102	163	36%	36.9
FLORIDA	85	59	58	69	68	66	65	42	99	25%	9.6
GEORGIA	98	72	68	76	76	76	73	49	108	27%	20.6
HAWAII	60	51	48	61	59	54	53	30	85	22%	2.4
IDAHO	65	60	47	51	54	52	51	29	83	20%	0.8
ILLINOIS	66	56	51	63	65	64	63	41	96	27%	12.1
INDIANA	73	58	52	59	61	59	59	34	94	23%	8.4
IOWA	52	43	35	41	43	41	41	23	69	18%	4.3
KANSAS	61	57	52	56	55	56	56	31	94	22%	10.1
KENTUCKY	86	72	63	68	69	65	64	40	100	22%	5.8
LOUISIANA	88	76	72	74	76	76	76	53	111	25%	11.2
MAINE	65	47	42	43	44	40	37	20	63	18%	0.3
MARYLAND	68	43	46	53	54	51	50	34	76	23%	16.4
MASSACHUSETTS	38	28	29	35	38	38	38	24	58	21%	2.1
MICHIGAN	66	45	43	59	59	57	53	33	84	24%	11.9
MINNESOTA	42	35	31	38	37	36	35	20	58	20%	4.2
MISSISSIPPI	102	84	78	81	86	84	83	58	121	27%	21.8
MISSOURI	71	58	54	63	65	63	60	37	95	24%	13.6
MONTANA	58	49	44	48	47	48	46	27	76	16%	0.8
NEBRASKA	52	45	40	42	42	41	41	23	67	20%	6.0
NEVADA	90	69	65	73	75	71	73	45	117	22%	7.2
NEW HAMPSHIRE	55	34	32	33	33	31	31	16	55	17%	0.4
NEW JERSEY	48	35	34	41	41	39	38	25	58	22%	4.2
NEW MEXICO	77	72	73	78	80	80	81	54	124	22%	3.6
NEW YORK	49	35	36	44	46	45	46	30	69	22%	7.3
NORTH CAROLINA	86	68	67	68	70	70	67	43	101	23%	17.6
NORTH DAKOTA	43	42	36	35	36	37	37	18	67	14%	0.4
OHIO	63	53	50	58	61	58	57	35	89	23%	12.8
OKLAHOMA	81	76	69	67	72	70	69	40	111	23%	11.9
OREGON	56	51	43	55	56	53	51	30	84	20%	3.8
PENNSYLVANIA	52	41	40	45	47	45	44	28	68	24%	7.4
RHODE ISLAND	45	33	36	44	45	48	50	34	73	23%	2.7
SOUTH CAROLINA	89	66	63	71	73	71	68	44	98	24%	8.8
SOUTH DAKOTA	50	53	48	47	48	48	44	26	76	19%	1.6
TENNESSEE	87	64	61	72	75	72	70	43	110	24%	15.4
TEXAS	84	74	72	76	79	78	76	51	118	24%	9.3
UTAH	54	65	50	49	48	46	44	26	74	18%	0.9
VERMONT	53	40	36	34	39	36	35	17	63	18%	0.1
VIRGINIA	72	48	46	53	53	52	50	31	77	21%	10.4
WASHINGTON	58	47	45	53	54	51	50	29	82	19%	4.9
WEST VIRGINIA	72	68	54	57	58	56	56	33	88	18%	2.0
WISCONSIN	44	40	39	43	44	42	41	24	67	25%	4.0
WYOMING	69	79	69	56	54	49	50	27	88	18%	0.8
U.S. TOTAL	66	53	51	60	62	61	60	38	92	23%	9.4

Source/Notes: The 1985-1993 rates are calculated by Child Trends. Denominators use the latest revised data from the U.S. Bureau of the Census, Population Estimates Branch. These revisions affect birth rates in some states. Birth data and rates for 1970, 1980, and 1990 are published by the National Center for Health Statistics, Department of Health and Human Services. The 1970 rate represents the average for 1969-1971. Numbers of births for 1993 are provided by special tabulations made by Stephanie Ventura of NCHS. These data will be available in the forthcoming volume *Vital Statistics of the United States, 1993, Vol. 1, Natality*. Gonorrhea rates represent reported cases of gonorrhea from the division of Adolescent and School Health, Centers for Disease Control and Prevention. Population denominators for D.C. and less populated states are small and therefore some instability in rates can occur.

TABLE 3. BIRTHS TO TEENAGE MOTHERS IN LARGE U.S. CITIES IN 1993

City	BIRTHS TO TEENS: Total Under 20	17 and Younger	Ages 18-19	Of All Births for City, % to Mothers Under Age 20	NUMBER OF BIRTHS TO TEENS: White	Black	BIRTHS TO UNMARRIED TEEN MOTHERS: Total Under 20	17 and Younger	Ages 18-19	Of all Births to Mothers Under Age 20, Percent Nonmarital
AKRON, OH	674	290	414	16%	298	376	606	245	361	90%
ALBUQUERQUE, NM	1,182	628	654	16%	1,039	62	980	484	496	83%
AMARILLO, TX	546	230	316	20%	467	71	193	102	91	35%
ANAHEIM, CA	869	311	558	12%	821	23	550	213	337	63%
ANCHORAGE, AK	495	177	318	10%	295	70	337	148	189	68%
ARLINGTON, TX	480	164	316	9%	389	77	169	72	97	35%
ATLANTA, GA	1,800	868	932	21%	145	1,647	1,892	836	856	94%
AURORA, CO	453	183	270	11%	287	142	339	164	176	75%
AUSTIN, TX	1,311	570	741	14%	990	306	481	259	222	37%
BAKERSFIELD, CA	1,257	533	724	17%	1,061	177	1,006	466	542	80%
BALTIMORE, MD	2,645	1,297	1,348	22%	383	2,249	2,419	1,205	1,214	91%
BATON ROUGE, LA	822	366	456	16%	188	631	724	349	375	88%
BIRMINGHAM, AL	969	456	513	22%	102	867	884	438	446	91%
BOSTON, MA	1,026	408	618	12%	410	589	966	400	565	94%
BRIDGEPORT, CT	502	234	268	20%	308	187	449	219	230	89%
BUFFALO, NY	1,005	451	554	17%	401	594	940	439	501	94%
CHARLOTTE, NC	900	391	509	13%	255	634	801	370	431	89%
CHATTANOOGA, TN	530	222	308	22%	197	332	483	205	278	87%
CHESAPEAKE, VA	317	128	189	11%	146	170	259	116	143	82%
CHICAGO, IL	10,973	4,922	6,051	19%	3,622	7,279	9,805	4,664	5,141	89%
CINCINNATI, OH	1,368	619	749	21%	412	953	1,282	599	683	94%
CLEVELAND, OH	2,187	981	1,206	21%	682	1,497	2,050	954	1,096	94%
COLORADO SPRINGS, CO	692	246	446	12%	559	109	459	209	250	66%
COLUMBUS, GA	626	278	348	21%	210	410	509	253	256	81%
COLUMBUS, OH	1,709	692	1,017	16%	866	816	1,498	641	857	88%
CORPUS CHRISTI, TX	881	411	470	19%	816	64	290	148	142	33%
DALLAS, TX	3,857	1,701	2,156	18%	2,177	1,669	1,983	993	990	61%
DAYTON, OH	632	287	345	19%	219	410	585	275	310	83%
DENVER, CO	1,424	610	814	16%	1,084	293	1,098	548	550	77%
DES MOINES, IA	509	204	305	14%	403	91	438	187	251	86%
DETROIT, MI	4,648	1,929	2,619	22%	462	4,055	4,262	1,864	2,398	94%
EL PASO, TX	2,426	927	1,499	17%	2,345	69	966	434	531	40%
FLINT, MI	768	341	427	22%	246	519	459	238	221	60%
FT. LAUDERDALE, FL	622	283	339	15%	142	480	661	273	388	90%
FORT WAYNE, IN	565	223	342	15%	324	233	495	214	281	88%
FORT WORTH, TX	1,568	693	875	17%	986	562	572	306	266	36%
FREMONT, CA	169	71	98	5%	137	16	106	56	52	64%
FRESNO, CA	1,892	847	1045	18%	1,291	243	1,266	594	692	68%
GARDEN GROVE, CA	330	127	203	10%	266	7	195	74	121	59%
GARLAND, TX	430	178	252	13%	329	95	172	85	87	40%
GARY, IN	621	279	342	27%	76	545	598	275	323	96%
GLENDALE, CA	178	56	121	7%	164	2	138	47	91	78%
GRAND RAPIDS, MI	591	253	338	15%	277	301	389	188	201	62%
GREENSBORO, NC	404	152	252	15%	113	281	389	143	216	89%
HARTFORD, CT	648	316	333	23%	376	257	605	296	309	93%
HIALEAH, FL	296	108	188	11%	280	16	187	74	113	63%
HONOLULU, HI	396	132	264	7%	60	20	330	121	209	83%
HOUSTON, TX	6,399	2,673	3,726	16%	3,931	2,384	3,181	1,513	1,668	60%
HUNTINGTON BEACH, CA	179	75	104	6%	169	3	116	52	64	65%
HUNTSVILLE, AL	366	148	218	16%	136	226	295	139	156	81%
INDIANAPOLIS, IN	2,201	882	1,319	16%	1,206	969	1,933	826	1,107	86%
IRVING, TX	400	145	255	13%	367	38	150	66	84	38%
JACKSON, MS	720	315	405	21%	61	638	667	306	361	93%
JACKSONVILLE, FL	1,781	711	1,050	16%	823	923	1,386	627	759	79%
JERSEY CITY, NJ	593	276	316	14%	218	353	545	268	277	92%
KANSAS CITY, KS	579	274	305	22%	296	271	513	252	261	89%
KANSAS CITY, MO	1,171	507	664	16%	419	735	1,063	481	572	90%
KNOXVILLE, TN	416	158	258	16%	262	153	304	130	174	73%
LAS VEGAS, NV	1,266	493	783	14%	941	264	944	407	537	75%
LEXINGTON-FAYETTE, KY	437	192	245	12%	274	163	332	166	166	76%
LINCOLN, NE	226	78	147	6%	180	20	182	75	107	81%
LITTLE ROCK, AR	482	209	273	16%	101	380	424	190	234	88%
LONG BEACH, CA	1,339	565	774	13%	654	384	961	436	525	72%
LOS ANGELES, CA	10,813	4,368	6,445	13%	9,013	1,662	8,431	3,616	4,815	78%
LOUISVILLE, KY	1,223	535	688	20%	610	606	1,072	499	573	88%
LUBBOCK, TX	591	240	351	16%	492	96	222	108	114	38%
MADISON, WI	202	68	134	7%	116	66	163	58	106	81%
MEMPHIS, TN	2,523	1,107	1,416	21%	336	2,179	2,312	1,071	1,241	92%
MESA, AZ	714	260	454	12%	660	23	543	227	316	78%

(continued)

TABLE 3. BIRTHS TO TEENAGE MOTHERS IN LARGE U.S. CITIES IN 1993 (continued)

City	BIRTHS TO TEENS: Total Under 20	17 and Younger	Ages 18-19	Of All Births in City, % to Mothers Under Age 20	NUMBER OF BIRTHS TO TEENS: White	Black	BIRTHS TO UNMARRIED TEEN MOTHERS: Total Under 20	17 and Younger	Ages 18-19	Of all Births to Mothers Under Age 20, Percent Nonmarital
MIAMI, FL	2,408	1,069	1,339	14%	962	1,441	2,072	987	1,085	86%
MILWAUKEE, WI	2,600	1,085	1,415	21%	678	1,720	2,318	1,041	1,277	93%
MINNEAPOLIS, MN	856	402	454	14%	256	421	786	388	398	92%
MOBILE, AL	676	314	364	18%	171	501	584	291	293	86%
MODESTO, CA	610	255	355	16%	537	21	407	186	221	67%
MONTGOMERY, AL	593	263	330	16%	126	466	512	247	266	86%
NASHVL-DAVIDSON, TN	1,259	548	711	16%	583	666	1,066	511	575	85%
NEWARK, NJ	1,002	446	556	19%	312	686	929	425	504	93%
NEW ORLEANS, LA	2,126	961	1,165	23%	92	2,021	2,038	960	1,085	96%
NEWPORT NEWS, VA	523	196	327	16%	220	295	377	176	201	72%
NEW YORK, NY	13,833	5,813	8,020	11%	7,447	6,216	12,196	5,449	6,746	88%
NORFOLK, VA	841	319	522	16%	279	552	632	293	339	75%
OAKLAND, CA	1,087	478	609	16%	326	670	840	376	464	77%
OKLAHOMA CITY, OK	1,293	540	753	16%	812	397	967	460	507	75%
OMAHA, NE	673	264	409	13%	371	280	603	255	348	90%
ORLANDO, FL	1,026	436	592	16%	507	509	848	405	443	82%
OXNARD, CA	590	208	382	14%	548	29	300	120	180	51%
PATERSON, NJ	578	278	298	17%	316	259	500	258	242	87%
PHILADELPHIA, PA	4,737	2,210	2,527	16%	1,460	3,190	4,554	2,178	2,356	96%
PHOENIX, AZ	3,353	1,336	2,017	16%	2,882	340	2,784	1,230	1,554	83%
PITTSBURGH, PA	804	357	447	16%	213	583	764	348	416	95%
PORTLAND, OR	875	363	512	13%	594	210	748	335	413	85%
PROVIDENCE, RI	564	248	306	18%	341	149	493	237	256	89%
RALEIGH, NC	283	122	161	8%	69	213	250	115	135	88%
RICHMOND, VA	819	294	525	18%	82	566	690	287	303	95%
RIVERSIDE, CA	902	346	556	14%	781	79	663	286	377	74%
ROCHESTER, NY	980	461	519	18%	372	599	921	452	469	94%
SACRAMENTO, CA	1,888	815	1,073	16%	1,079	489	1,269	578	691	87%
ST LOUIS, MO	1,760	853	907	23%	254	1,500	1,708	843	865	97%
ST PAUL, MN	696	301	395	14%	328	166	569	268	301	82%
ST PETERSBURG, FL	620	244	376	18%	242	366	532	228	304	86%
SALT LAKE CITY, UT	607	232	375	10%	580	17	384	180	204	63%
SAN ANTONIO, TX	3,691	1,553	2,138	16%	3,366	296	1,412	663	749	88%
SAN BERNARDINO, CA	918	396	521	17%	684	203	755	349	406	82%
SAN DIEGO, CA	2,327	938	1,389	11%	1,888	416	1,571	692	879	68%
SAN FRANCISCO, CA	672	289	383	7%	392	247	496	226	270	74%
SAN JOSE, CA	1,733	745	988	10%	1,445	107	1,300	611	689	75%
SANTA ANA, CA	1,380	536	844	13%	1,331	10	861	385	476	62%
SAVANNAH, GA	608	276	333	21%	131	476	527	257	270	87%
SEATTLE, WA	516	209	307	7%	244	163	438	199	239	85%
SHREVEPORT, LA	667	303	364	21%	145	520	578	290	288	87%
SPOKANE, WA	483	164	319	13%	426	20	333	135	198	69%
SPRINGFIELD, MA	587	261	326	22%	428	151	540	264	296	92%
SPRINGFIELD, MO	303	111	192	15%	283	17	184	88	96	61%
STOCKTON, CA	1,007	433	574	17%	587	171	706	323	383	70%
SYRACUSE, NY	586	274	314	20%	242	332	545	269	276	93%
TACOMA, WA	476	202	276	15%	324	94	401	193	208	84%
TAMPA, FL	1,243	506	737	17%	560	674	1,039	461	578	84%
TEMPE, AZ	206	84	122	11%	172	18	184	89	95	80%
TOLEDO, OH	1,101	431	670	18%	621	471	1,002	416	586	91%
TUCSON, AZ	1,347	503	844	15%	1,231	79	1,045	443	602	78%
TULSA, OK	1,002	385	617	16%	563	343	762	326	436	76%
VIRGINIA BEACH, VA	606	197	411	8%	400	192	393	164	229	65%
WARREN, MI	184	85	99	9%	148	2	82	34	46	53%
WASHINGTON, DC	1,847	865	982	17%	86	1,734	1,776	851	924	96%
WICHITA, KS	944	353	591	15%	669	233	726	315	413	77%
WINSTON-SALEM, NC	407	190	217	16%	101	304	364	180	184	89%
WORCESTER, MA	407	164	253	15%	341	52	368	144	224	90%
YONKERS, NY	308	145	163	11%	206	95	264	126	139	82%

Source/Notes: Unpublished data from the National Center for Health Statistics, Department of Health and Human Services; forthcoming in *Vital Statistics of the United States, 1993, Vol. 1, Natality*. The proportion of births to unmarried women in Texas appears to be too low. Nonmarital births are inferred for California, Connecticut, Michigan, Nevada, New York, and Texas from information on the birth certificate.

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File Teen Pregnancy Data

TEEN PREGNANCY: STUDY SHOWS OLDER FATHERS IN CA

A study conducted by Mike Males and Kenneth Chew that appeared in the 4/96 issue of the AMERICAN JOURNAL OF PUBLIC HEALTH, released 4/18, found that adult, post-high school men father two-thirds of the babies born to school-age mothers. The post-school fathers average 4.2 years older than senior-high mothers and 6.7 years older than junior-high mothers. The study analyzed fathers' ages in 46,500 CA births to school-age mothers in '93, for which 85% of the fathers' ages were stated and whose distribution is similar to that of less complete nat'l samples. The study also found that the younger the mother, the wider the partner age gap. The median age of 18-year-old mothers was .3 years younger than school-aged fathers and 4.2 years younger than adult partners. For 10-14 year-olds, the gap widens to 2.4 and 6.7 years, respectively. Adult fathers account for a "substantial majority" of school-aged births irrespective of the mother's race. Adults were fathers in 67.8% of births to Hispanic mothers; 62.9% to non-Hispanic Whites; 58.8% to Blacks; and 63.6% to Asians/others. The study concludes that "the extensive involvement of adult males in both school-age motherhood and its precursors represents a significantly, undiscussed factor deserving greater attention" (4/96 issue).