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Teen Birth Trends: In Brief

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SUMMARY

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Teen Birth Trends: In Brief

Adolescent childbearing is associated with significant social, health, and financial risks for teens, their families, and society more broadly. Data from the National Center for Health Statistics (NCHS), within the Centers for Disease Control and Prevention (CDC), indicate that the teen birth rate has decreased steadily over time. However, the United States continues to have one of the highest rates of teen births among other industrialized countries.

This report focuses on teen birth rates—and the marked decline in recent years. The teen birth rate is defined as the number of live births per 1,000 females aged 15 to 19 each year. The earliest NCHS estimate of the teen birth rate (in 1940) was 54.1, which later peaked in 1957 at 96.3. It then decreased in most years from the 1960s through the 1980s, with a low of 50.2 in 1986. The birth rate increased over the next few years, to 61.8 in 1991. From 1992 onward, the teen birth rate declined except in two years, 2006 and 2007. From 2007 to 2022, the rate declined by approximately 67%, to a historical low in 2022 of 13.6.

The teen birth rate has decreased across all racial and ethnic groups in recent years; however, the rates declined more for certain groups than others. From 2018 to 2022, birth rates fell by 32% for non-Hispanic Asian teens, 25% for non-Hispanic White teens, 24% for non-Hispanic American Indian or Alaska Native teens, 23% for non-Hispanic Native Hawaiian or Other Pacific Islander teens, 23% for non-Hispanic Black teens, and 20% for Hispanic teens. In 2022, the teen birth rate for non-Hispanic American Indian or Alaska Native (22.5 per 1,000 females aged 15 to 19), Hispanic (21.3), non-Hispanic Black (20.3), and non-Hispanic Native Hawaiian or Other Pacific Islander (20.5) teens was more than double the rate for non-Hispanic White (9.1) teens, and more than 10 times the rate for non-Hispanic Asian (1.9) teens.

Teen birth rates have varied considerably by state and territory, which may be due to a variety of factors, such as population composition. (An analysis of these factors by state is beyond the scope of this report.) In 2022, the state with the lowest teen birth rate was New Hampshire (4.6); the state with the highest teen birth rate was Mississippi (26.4).

Thirteen states had rates of less than 10 births per 1,000 teens aged 15 to 19: New Hampshire, Massachusetts, Vermont, Connecticut, Minnesota, New Jersey, Rhode Island, Maine, New York, Utah, Washington, California, and Wisconsin (ordered from lowest to highest). Eight states had the highest teen birth rates (20 or higher): Mississippi, Arkansas, Louisiana, Kentucky, Oklahoma, Tennessee, Alabama, and Texas (ordered from highest to lowest). The rates for the territories ranged from 9.4 in the Northern Mariana Islands to 19.8 in Guam.

Teen birth rates have declined in rural areas over time but continue to remain relatively higher than teen birth rates in urban areas. The number of second (and additional) births to teen parents has also declined over time, with an 80% total decline from 2000 to 2022.

Research suggests that multiple factors have led to lower teen birth rates in the United States. From the 1990s through 2019, the risk of teen pregnancy decreased primarily because of improved contraceptive use, including an increase in the use of more effective contraceptive methods (e.g., long-acting and reversible methods) and an increase in the use of multiple methods of contraception. During this period, some of the risk of pregnancy among younger teens declined because of decreased sexual activity; however, general trends in adolescent sexual activity have remained relatively stable. Broad economic and social variables may also influence teen behaviors, such as expanded educational or labor opportunities.

Teen pregnancy has high costs for teen parents, their children, and society more generally. Teenage mothers and fathers tend to have less education and are more likely to have lower incomes than their peers who are not parents. Moreover, lower levels of education reduce teen parents' potential for economic self-sufficiency. Children of adolescent parents are also more likely to face certain adverse health and social outcomes, such as preterm birth and other child morbidities.

This report accompanies CRS Report R45183, *Adolescent Pregnancy: Federal Prevention Programs*, which discusses Congress's current approach of supporting programs that seek to prevent pregnancy among adolescents, and CRS In Focus IF10877, *Federal Adolescent Pregnancy Prevention Programs*, which includes summary information about the programs.

Contents

Figures

Tables

Appendixes

Contacts

Introduction

This report provides context for Congress about trends in the U.S. teen birth rate—defined as the number of live births per 1,000 females aged 15 to 19—with a focus on recent trends.[1] Since the 1950s, the U.S. teen birth rate has generally been in decline, with the rate reaching a record low in 2022 (the year for which the most recent data are available).[2] Multiple factors have likely contributed to the decrease, though the influence of any single factor is not fully understood and may vary over time. These may include proximate factors, such as contraceptive use, and distal factors, such as broader social and economic factors.[3]

Teen births are a significant public health concern because of the range of health, social, and economic effects adolescent childbearing can have on adolescents, their children, and broader society.[4] Despite substantial declines over time, the teen birth rate in the United States has remained higher than that of comparable high-income countries.[5] Furthermore, there are persistent racial, ethnic, and geographic disparities.[6]

This report provides a description of teen birth rate trends and a brief discussion on (1) factors that may contribute to the ongoing decline in teen birth rates and (2) the adverse outcomes related to teen births. This report accompanies CRS Report R45183, *Adolescent Pregnancy: Federal Prevention Programs*, which discusses Congress's current approach of supporting programs that seek to prevent pregnancy among adolescents, and CRS In Focus IF10877, *Federal Adolescent Pregnancy Prevention Programs*, which includes summary information about the programs.

[1] This report uses the terms *teenagers*, *teens*, and *adolescents* interchangeably. This report also uses *adolescent females* and *women* to be consistent with the terms used by the Department of Health and Human Services (HHS), including official teen birth statistics from the National Center for Health Statistics (NCHS). The teen birth rate age range reflects the standard definition used by the Centers for Disease Control and Prevention (CDC) and other federal agencies. The CDC also disaggregates birth rates by other age ranges, including ages 10 to 14; however, this age group is not included in calculations of the national teen birth rate and has remained unchanged since 2021 at 0.2 births per 1,000 females. See "Births: Final Data for 2022," HHS, CDC, NCHS, *National Vital Statistics Report*, vol. 73, no. 2, April 2024 https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-02.pdf.

[2] In late August 2024, NCHS released a Data Brief that provides summary birth trends for 2023. The Data Brief indicates that the teen birth rate declined 4% from 2022 to 2023 to a rate of 13.1 births per 1,000 females aged 15-19. However, the Data Brief does not provide the full scope of 2023 teen birth data that are otherwise available in the "Births: Final Data for 2022" reference. As such, this report refers to final NCHS data from 2022, as it is the year for which the most comprehensive data are available. See "Births in the United States," HHS, CDC, NCHS, *NCHS Data Brief*, no. 507, August 2024 https://www.cdc.gov/nchs/data/databriefs/db507.pdf.

[3] John Bongaarts, "A Framework for Analyzing the Proximate Determinants of Fertility," *Population and Development Review*, vol. 4, no. 1 (March 1978). Laura Lindberg, John Santelli, and Sheila Desai, "Understanding the Decline in Adolescent Fertility in the United States, 2007-2012," *Journal of Adolescent Health*, vol. 59 (2016), p. 578.

[4] Urban Institute, *Kids Having Kids: Costs and Social Consequences of Teen Pregnancy*, edited by Saul D. Hoffman and Rebecca A. Maynard, 2nd ed., 2008. (Hereinafter, Urban Institute, *Kids Having Kids: Costs and Social Consequences of Teen Pregnancy.*) See also, HHS, Centers for Disease Control and Prevention (CDC), *Winnable Battles Final Report 2010-2015*, https://www.cdc.gov/winnablebattles/index.html; Stefanie Mollborn, "Teenage Mothers Today: What we Know and How it Matters," *Child Development Perspectives*, vol. 11, no. 1 (March 2017).

[5] CDC, *About Teen Pregnancy*, May 15, 2024, https://www.cdc.gov/reproductive-health/teen-pregnancy/index.html.

[6] "Births: Final Data for 2022," HHS, CDC, NCHS, *National Vital Statistics Report*, vol. 73, no. 2, April 2024 https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-02.pdf.

Teen Births in the United States

Official data on births to adolescent females are provided by the National Center for Health Statistics (NCHS), an agency of the Centers for Disease Control and Prevention (CDC). The NCHS, in collaboration with states and other jurisdictions, compiles and publishes official national data for all *vital events* (i.e., births, deaths, marriages, divorces, and fetal death) in the National Vital Statistics System (NVSS).[7] In particular, birth data in the NVSS draw upon information included in all registered birth certificates and account for nearly every birth in the United States.[8]

Data on births are distinct from data on pregnancies. Whereas the number of births—and related characteristics such as maternal age—are derived directly from vital records, information on pregnancies relies on estimates from several data sources. In addition to data on births, such figures also incorporate calculations of pregnancy losses (e.g. miscarriage, stillbirth) from the National Survey of Family Growth and estimates of induced abortion from both the CDC's Abortion Surveillance System and the Guttmacher Institute's Abortion Provider Census.[9] Various statistical approaches have been implemented over time to account for strengths and shortfalls of the aforementioned sources, as well as the inherent complexities in measuring pregnancy loss. As this report exclusively focuses on teen birth data, an evaluation of the nuances and challenges with pregnancy data are beyond the scope of this report.

Teen Birth Rate Trends

Since 1940, NCHS has published birth rate data that allow for longitudinal comparison by the age of the birth mother. The earliest estimate of the teen birth rate (in 1940) was 54.1 births per 1,000 females aged 15 to 19.[10] Twenty years later, in 1960, NCHS began publishing teen birth rate data further disaggregated by subgroups; that is, the birth rate among teens aged 15 to 17 as well as among teens aged 18 to 19. **Figure 1** shows the U.S. teen birth rate from 1950 through 2022 (the rate excludes the territories).[11] Broadly, the teen birth rate (for ages 15-19) ticked up in the baby boom era of the 1950s, peaking in 1957 at 96.3. It then decreased in most years from the 1960s

[7] NCHS, *About the National Vital Statistics System*, https://www.cdc.gov/nchs/nvss/about_nvss.htm.

[8] NCHS estimates that more than 99% of all births occurring in the United States were registered and included in the National Vital Statistics System (NVSS). See National Center for Health Statistics, *User Guide to the 2022 Natality Public Use File*, https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/DVS/natality/UserGuide2022.pdf.

[9] Lauren M. Rossen, Brady E. Hamilton, Joyce C. Abma, et al., *Updated Methodology to Estimate Overall and Unintended Pregnancy Rates in the United States*, National Center for Health Statistics, Vital and Health Statistics: Series 2, Number 201, April 2023, pp. 1-4, https://stacks.cdc.gov/view/cdc/124395.

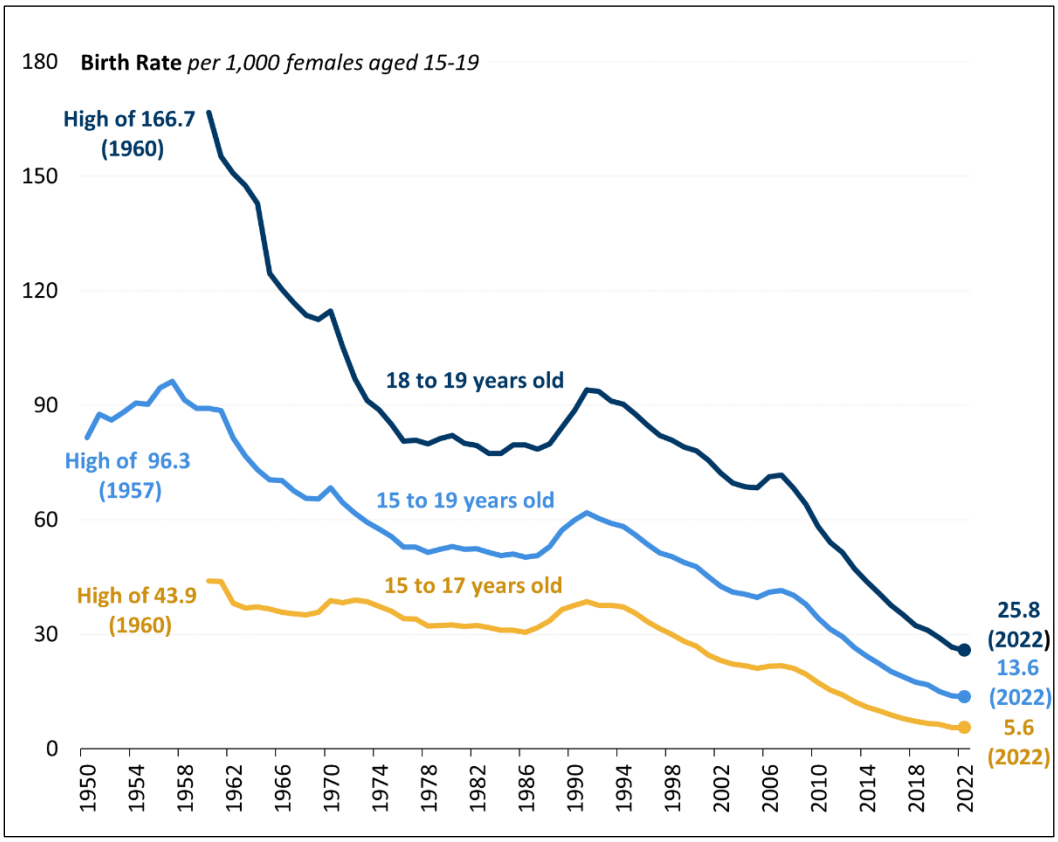
[10] Stephanie J. Ventura et al., "Births to Teenagers in the United States, 1940–2000," *National Vital Statistics Report*, vol. 49, no. 10, September 2001, https://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_10.pdf.

[11] The CDC began publishing birth rates inclusive of Alaska and Hawaii in 1959 and 1960, respectively. Data from these individuals were categorized as "Other Races," which represented a subset of the broader "Nonwhite" category historically used in earlier NVSS reports. According to the CDC, birth data from both Hawaii and Alaska affected their tabulations of birth rates by race/ethnicity in 1960, but they did not further analyze the statistical effect of this changing demographic composition among teen births, specifically. However, summary tabulations of the teen birth rate among the overarching category of Nonwhite mothers indicate a decrease in births among teens aged 10-14 and 15-19 from 1957 to 1960. This may suggest that the changing demographic composition of the U.S did not significantly affect the downward trend in teen births; however, this also was not tested for statistical significance. See U.S. Department of Health, Education, and Welfare, *Vital Statistics of the United States*, Volume I - Natality, 1960, Table 1-E, https://www.cdc.gov/nchs/data/vsus/nat60_1.pdf.

through the 1980s, with a low of 50.2 in 1986.[12] The birth rate increased over the next few years, to 61.8 in 1991. From 1992 onward, the teen birth rate declined except in two years, 2006 and 2007. From 2007 to 2022, the rate decreased by approximately 67%, with a historical low 2022 teen birth rate of 13.6.

Figure 1. Teen Birth Rate, 1950-2022

Number of live births per 1,000 females aged 15 to 19



Source: Figure created by CRS using data from the following: 1950-1959 data are from Stephanie J. Ventura et al., "Births to Teenagers in the United States, 1940–2000," *National Vital Statistics Report*, vol. 49, no. 10, September 2001, https://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_10.pdf; 1960-2009 data are from Stephanie J. Ventura et al., "National and State Patterns of Teen Births in the United States, 1940–2013," *National Vital Statistics Report*, vol. 63, no. 4, August 2014, https://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_04.pdf; 2010-2020 data are from Michelle J.K. Osterman et al., "Births: Final Data for 2020," HHS, CDC, NCHS, *National Vital Statistics Report*, vol. 70, no. 17, February 2022, https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf; 2021-2022 data are from "Births: Final Data for 2022," HHS, CDC, NCHS, *National Vital Statistics Report*, vol. 73, no. 2, April 2024 https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-02.pdf.

Notes: Subgroup data for teens aged 15-17 and 18-19 did not become available until 1960.

[12] The baby boom era refers to individuals born in the U.S. between mid-1946 and mid-1964. Sandra L. Colby and Jennifer M. Ortman, "The Baby Boom Cohort in the United States: 2012 to 2016, Population Estimates and Projections," *Current Population Reports*, CDC, May 2014.

Recent Trends

In 2022, there were approximately 3.7 million births in the United States.[13] About 144,000 of these births (3.9%) were to teenagers aged 15 to 19. This reflects a teen birth rate of 13.6 births per 1,000 females aged 15-19 in 2022—the lowest rate on record, and a 2% decline from 2021.[14] The 2022 birth rates for 15- to 17-year-olds (5.6 per 1,000) and 18- to 19-year-olds (25.8 per 1,000) were also the lowest on record, though the birth rate among older teens remains consistently higher than the birth rate among younger teens.[15]

The 2022 rate reflects an overall decline of 67% since the most recent high in 2007 and a 78% decline from the second most recent high in 1991. In other words, about 6% of teens aged 15 to 19 gave birth in 1991 compared with less than 2% in 2022. Despite a decline in the overall teen birth rate, disparities exist among certain racial or ethnic groups. Teen birth rates in 2022 varied based on race and ethnicity, with four groups—non-Hispanic American Indian and Alaska Native (22.5 per 1,000), non-Hispanic Black (20.3), Hispanic (21.3), and non-Hispanic Native Hawaiian or Other Pacific Islander (20.5) teens—having more than double the teen birth rate for non-Hispanic White (9.1) teens, and more than 10 times the rate for non-Hispanic Asian (1.9) teens.[16]

Figure 2 shows the teen birth rate by race and Hispanic origin between 2018 and 2022. From 2018 to 2022, the teen birth rate decreased for all racial and ethnic groups; however, the rates declined more for certain groups compared with others.[17] From 2018 to 2022, birth rates fell by 32% for non-Hispanic Asian teens, 25% for non-Hispanic White teens, 24% for non-Hispanic American Indian and Alaska Native teens, 23% for non-Hispanic Native Hawaiian or Other Pacific Islander teens, 23% for non-Hispanic Black teens, and 20% for Hispanic teens. Broadly, birth rates have declined across Black, American Indian and Alaska Native, and White females; however, a 1% increase in teen births was observed among Hispanic females from 2021 to 2022.[18]

[13] **Table A-1** includes birth rates for teens since 1950. Michelle J.K. Osterman et al., "Births: Final Data for 2022," HHS, CDC, NCHS, *National Vital Statistics Report*, vol. 73, no. 2, April 2024, https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-02.pdf. (Hereinafter, Michelle J.K. Osterman et al., "Births: Final Data for 2022.")

[14] Ibid.

[15] The CDC also tracks births for youth aged 10 to 14. Their birth rate has been much lower than the rate of births for older teens and is therefore not included in this analysis. The birth rate was 0.2 births per 1,000 youth aged 10 to 14 in 2022, which reflects approximately 1,800 births. The 2022 birth rate for this group is unchanged from 2021.

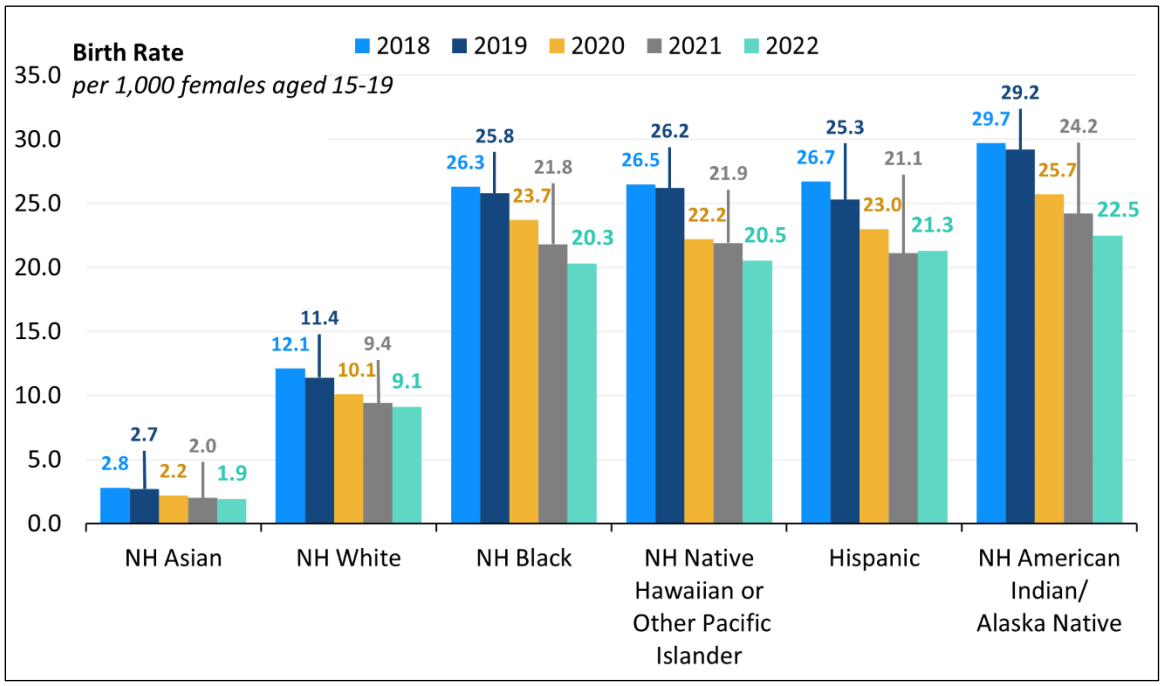
[16] Michelle J.K. Osterman et al., "Births: Final Data for 2022," Table 2.

[17] Ibid.

[18] Recent changes in teen birth rates among Asian and Native Hawaiian and Other Pacific Islander females were determined to be not significant, according to the NCHS. See Michelle J.K. Osterman et al., "Births: Final Data for 2022," p. 3.

Figure 2. Teen Birth Rate, by Race and Hispanic Origin, 2018-2022

Number of live births per 1,000 females aged 15 to 19



Source: Figure created by CRS using data from Michelle J.K. Osterman et al., "Births: Final Data for 2022," HHS, CDC, NCHS, *National Vital Statistics Report*, vol. 73, no. 2, April 2024, https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-02.pdf.

Notes: NH = Non-Hispanic.

Teen birth rates have varied considerably by state and territory, which may be due to a variety of factors, such as population composition. An analysis of these factors by state are beyond the scope of this report. **Figure 3** shows a map of the 2022 birth rate among teens aged 15 to 19. The teen birth rate is divided into four ranges to show variations across each of the 50 states, the District of Columbia, and four of the territories.[19] The state with the lowest reported rate was New Hampshire (4.6 per 1,000); the state with the highest reported rate was Mississippi (26.4). **Table B-1** in **Appendix B** displays the 2022 teen birth rates by state and age group.

Thirteen states had rates of less than 10 births per 1,000 teens aged 15 to 19: New Hampshire, Massachusetts, Vermont, Connecticut, Minnesota, New Jersey, Rhode Island, Maine, New York, Utah, Washington, California, and Wisconsin (ordered from lowest to highest).[20] Eight states had the highest teen birth rates (20 or higher): Mississippi, Arkansas, Louisiana, Kentucky, Oklahoma, Tennessee, Alabama, and Texas (ordered from highest to lowest). The rates for the territories ranged from 9.4 in the Northern Mariana Islands to 19.8 in Guam.[21] From 2007 (when the birth rate last ticked up) to 2022, the teen birth rate decreased in each state or territory by between 58% and 78%.[22]

[19] Updated data were not available for American Samoa (2017 teen birth rate of 38.4).

[20] Michelle J.K. Osterman et al., "Births: Final Data for 2022," Table 8.

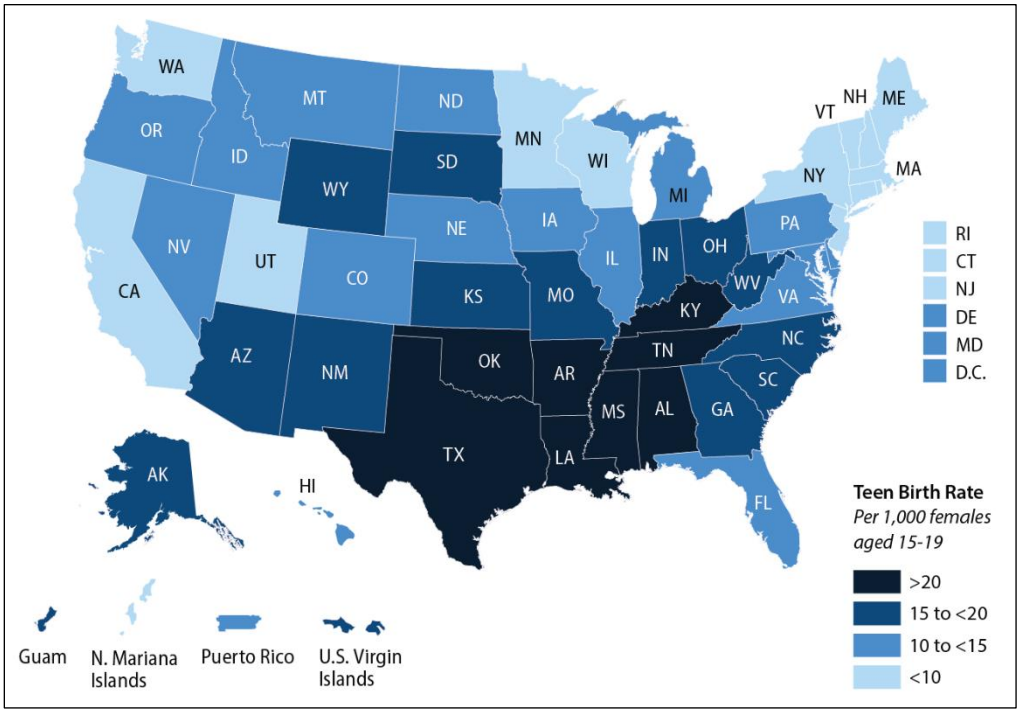
[21] Michelle J.K. Osterman et al., "Births: Final Data for 2022," Table 8. Data for 2022 are not reported for American Samoa (2017 teen birth rate of 38.4). Joyce A. Martin et al., "Births: Final Data for 2017," HHS, CDC, NCHS, *National Vital Statistics Report*, vol. 67, no. 8, November 7, 2018.

[22] This is based on a Congressional Research Service analysis comparing data from 2007 to 2022.

Teen birth rates have also declined in rural areas over time but remain relatively higher than rates in urban areas.[23]

Figure 3. Teen Birth Rates, by State and Territory, 2022

Number of live births per 1,000 females aged 15 to 19



Source: Figure created by CRS using data from Michelle J.K. Osterman et al., "Births: Final Data for 2022," Table 8, HHS, CDC, NCHS, *National Vital Statistics Report*, vol. 73, no. 2, April 2024, https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-02.pdf.

Notes: The national rate of teen births was 13.6 in 2022 (this rate does not include the territories). Data were not available for American Samoa (2017 teen birth rate of 38.4).

Although the majority of teen births are first births, some teens have additional children while still in their adolescent years.[24] These births, sometimes referred to as *repeat births*, affect the overall teen birth rate and are associated with further risks to teen parents and their children.[25] Recent NVSS data categorize all subsequent births as *second and higher-order* births (see **Figure 4**). Over the past approximately two decades (2000 to 2022), the rate of second and higher-order births to teens aged 15 to 19 declined by 80%, with larger declines observed among younger teenagers. The current prevalence of repeat births remains higher among non-Hispanic Black (7.0

[23] Brady E. Hamilton, Lauren M. Roseen, and Amy M. Branum, "Teen Birth Rates for Urban and Rural Areas in the United States, 2007-2015," HHS, CDC, NCHS, *NCHS Data Brief*, no. 264, November 2016; and April Sutton, Daniel T. Lichter, and Sharon Sassler, "Rural–Urban Disparities in Pregnancy Intentions, Births, and Abortions Among US Adolescent and Young Women, 1995–2017," *American Journal of Public Health*, 109(12), December 2019, pp. 1762-1769. See also Sylvester O. Orimaye, "Adolescent Birth Rates and Rural–Urban Differences by Levels of Deprivation and Health Professional Shortage Areas in the United States, 2017–2018," *American Journal of Public Health*, vol. 11, no. 1 (2021).

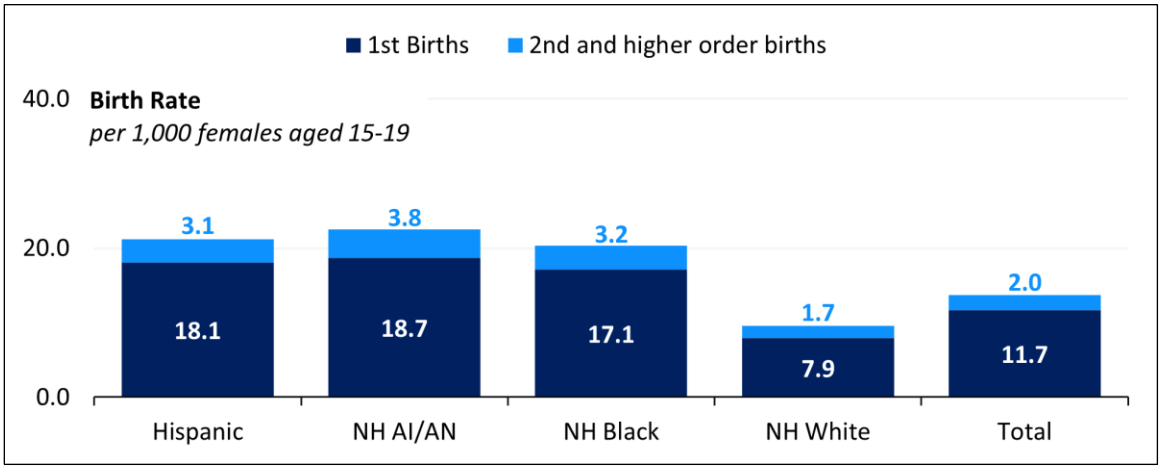
[24] Anne K. Driscoll et al., "Changes in First and Second Births to US Teenagers from 2000 to 2022," HHS, CDC, NCHS, *National Vital Statistics Report*, vol. 73, no. 6, July 2024, https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-06.pdf.

[25] Ibid.

per 1,000), Hispanic (7.1), and non-Hispanic American Indian and Alaska Native teens (8.5) compared with non-Hispanic, White teens (2.7).

Figure 4. First and Second and Higher-Order Teen Birth Rates, 2022

Number of live births per 1,000 females aged 15 to 19



Source: Figure created by CRS using data from Anne K. Driscoll et al., "Changes in First and Second Births to US Teenagers from 2000 to 2022," Figure 2, HHS, CDC, NCHS, *National Vital Statistics Report*, vol. 73, no. 6, July 2024, https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-06.pdf.

Notes: NH = Non-Hispanic; AI/AN = American Indian or Alaska Native. Data were not available for Asian and Native Hawaiian and Other Pacific Island groups due to (1) small numbers that prevent statistical reliability and (2) changes in how these groups were defined from 2000 to 2022.

Factors Linked to Declines in Teen Births

Researchers suggest that multiple factors have contributed to the near continuous decline in U.S. teen birth rates; these factors include a variety of individual, family, and broader societal factors, each of which may influence teen births to varying degrees.[26]

Over time, individual behaviors among teens have contributed to the declining teen birth rate in various manners. For instance, data from 1995 to 2002 indicated that an older age at first sexual experience accounted for 23% of the decline in teen pregnancy among younger teens (i.e., teens aged 15 to 17).[27]

More recent data indicate that trends in adolescent sexual activity have not changed significantly, but rather that decreases in the teen birth rate are attributed to an increased use of contraception. From 2006 through 2019, teens reported an increase in the use of contraception and more consistent use of highly effective methods.[28] Teens more frequently report the use of long-acting reversible contraceptives (LARCs; e.g., intrauterine devices, or IUDs, and birth control implants),

[26] HHS, Office of the Assistant Secretary for Health, Office of Population Affairs, "Trends in Teen Pregnancy and Childbearing," https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy/trends-teen-pregnancy-and-childbearing.

[27] Heather D. Boonstra, "What is Behind the Declines in Teen Pregnancy Rates?" *Guttmacher Policy Review*, vol. 17, issue 3, September 3, 2014, https://www.guttmacher.org/gpr/2014/09/what-behind-declines-teen-pregnancy-rates.

[28] Laura D. Lindberg, Lauren Firestein, and Cynthia Beavin, "Trends in U.S. adolescent sexual behavior and contraceptive use, 2006-2019," *Contraception X*, vol. 3 (2021).

though data concerning the use of condoms remains mixed.[29] Further, the choice to use certain contraceptive methods in conjunction with or instead of other methods may be influenced by a variety of factors, including clinical guidelines and related updates, physical and financial access, and individual preferences (a discussion of these influences among adolescents are beyond the scope of this report).[30] Differences in some trends in adolescent sexual behavior and contraceptive use may also depend on the sampling approach used by particular surveys.[31]

Broad economic and social variables may influence teen behaviors, such as whether they will abstain from sex or use contraceptives.[32] Behavioral changes may have been driven by a confluence of factors, such as expanded educational and labor market opportunities for women and improvements in contraceptive technology.[33] Some observers theorize that the long-term downward trend in teen birth rates is attributable to the recession that began in 2007. They contend that during economic downturns the decrease in teen births—like the decrease in overall births—is partly due to teenagers being more careful as they witness the economic difficulties faced by their families.[34] Despite this rationale, the teen birth rate continued to diminish after the recession (as well as during periods of economic expansion in the 1990s).[35] Some researchers have aimed to quantify how media exposure may affect teen birth rates and related attitudes about

[29] Laura D. Lindberg, Lauren Firestein, and Cynthia Beavin, "Trends in U.S. adolescent sexual behavior and contraceptive use, 2006-2019," *Contraception X*, vol. 3 (2021). See also, Leigh E. Szucs et al., "Condom and Contraceptive Use Among Sexually Active High School Students—Youth Risk Behavior Survey, United States, 2019," HHS, CDC, *Morbidity and Mortality Weekly Report Supplements*, vol 69, no. 1 (August 2020), pp. 11-18.

[30] The CDC, as well as various independent professional membership organizations, publishes clinical guidance about the use of contraceptive methods by certain population subgroups. CDC's U.S. Medical Eligibility for Contraceptive Use (also known as the MEC) is adapted from global guidance developed by the World Health Organization. It describes who can safely use various methods of contraception based on specific health conditions and other characteristics. A companion document, known as the Selected Practice Recommendations (SPR), addresses more timely challenges regarding the initiation and/or use of certain contraceptive methods. In 2013, the SPR clarified the safety and efficacy of the use of LARC methods among adolescents, updating concerns that were previously outlined in the 2010 U.S. MEC. The 2016 update to the U.S. MEC affirmed the safety of LARC use among adolescents and women who had not previously given birth. National survey data (see footnote 29 above) indicate that adolescents used LARCs prior to these updates; however, the prevalence of LARC use has increased over time. See CDC, *U.S. Medical Eligibility Criteria for Contraceptive Use, 2016*, Morbidity and Mortality Weekly Report, July 29, 2016, p. 4-5, https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf.

[31] Laura D. Lindberg, Rachel H. Scott, Sheila Desai, et al., "Comparability of estimates and trends in adolescent sexual and contraceptive behaviors from two national surveys: National Survey of Family Growth and the Youth Risk Behavior Survey," *PLoS One*, vol. 16, no. 7 (2021). See also, Elizabeth Wildsmith, Kate Welti, Jane Finocharo, et al., *The 30-Year Decline in Teen Birth Rates Has Accelerated Since 2010*, Child Trends, December 23, 2022, https://www.childtrends.org/publications/the-30-year-decline-in-teen-birth-rates-has-accelerated-since-2010.

[32] Heather D. Boonstra, "What Is Behind the Declines in Teen Pregnancy Rates?," and Melissa S. Kearney and Phillip B. Levine, "Investigating Recent Trends in the U.S. Teen Birth Rate," *Journal of Health Economics,* vol., 41, 2015. See also, Sarah Kliff, "The Mystery of the Falling Teen Birth Rate," *Vox*, January 21, 2015. (Hereinafter, Sarah Kliff, "The Mystery of the Falling Teen Birth Rate.")

[33] Melissa S. Kearney and Phillip B. Levine, "Investigating Recent Trends in the U.S. Teen Birth Rate," *Journal of Health Economics,* vol. 41, 2015. S.M. Goodreau, "Declines in Pregnancies among U.S. Adolescents from 2007 to 2017: Behavioral Contributors to the Trend*," Journal of Pediatric and Adolescent Gynecology*, vol. 36, no 6 (December 2022).

[34] Sarah Kliff, "The Mystery of the Falling Teen Birth Rate."

[35] Melissa S. Kearney, Phillip B. Levine, and Luke Pardue, "The Puzzle of Falling U.S. Birth Rates since the Great Recession," *Journal of Economic Perspectives*, vol. 36, no. 1 (Winter 2022), pp. 151-176, and Paul Taylor, Gretchen Livingston, and Seth Motel, *In a Down Economy, Fewer Births*, Pew Research Center, Social and Demographic Trends, October 10, https://www.pewresearch.org/social-trends/2011/10/12/in-a-down-economy-fewer-births/.

contraceptive use and adolescent childbearing. The extent of this influence is not well understood.[36]

Some observers contend that teen pregnancy prevention programs, such as those supported with federal funding, could potentially play a role in the declining birth rate for teenagers.[37] The extent to which these programs have contributed to a decline in the teen birth rate is not fully known.[38] Some researchers have found that the proportion of teens who receive formal sex education has changed little in recent years, and that teens are less likely to be instructed on topics such as how to access contraception, how to refuse sex, and/or how to prevent sexually transmitted infections (STIs).[39] Additionally, the receipt of this information can vary by teens' sociodemographic characteristics.[40]

While the U.S. teen birth rate has decreased over time, it has been higher than that of most other industrialized countries.[41] For instance, the 2021 U.S. teen birth rate of 13.9 per 1,000 was higher than the rate of the United Kingdom (8.2), France (5.1), Canada (4.9), and Sweden (2.5) (based on the most recent international data available that include the teen birth rate).[42] The reasons for the high teen birth rate in the United States relative to other industrialized countries have not been fully explored. Economic conditions and income inequality within and between countries, as well as societal differences, such as rates of alcohol consumption, may play a role.[43] Further, the research literature, which is somewhat limited, indicates that use of contraceptives among teens appears to be greater in other developed countries compared with the United States.[44]

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[36] Melissa S. Kearney and Phillip B. Levine, *Media Influences on Social Outcomes: The Impact of MTV's 16 and Pregnant on Teen Childbearing*, National Bureau of Economic Research, Working Paper 19795, Cambridge, MA, August 2015, https://www.nber.org/papers/w19795; David A. Jaeger, Theodore M. Joycs, and Robert, "A Cautionary Tale of Evaluating Identifying Assumptions: Did Reality TV Really Cause a Decline in Teenage Childbearing?," *Journal of Business & Economic Statistics*, 38(2) (2018), pp. 317-326, https://doi.org/10.1080/07350015.2018.1497510.

[37] See CRS Report R45183, *Adolescent Pregnancy: Federal Prevention Programs*, for further information about current programs that are federally funded.

[38] Sarah Kliff, "The Mystery of the Falling Teen Birth Rate," and Heather D. Boonstra, "What Is Behind the Declines in Teen Pregnancy Rates?"

[39] Laura D. Lindberg and Leslie M. Kantor, "Adolescents' Receipt of Sex Education in a Nationally Representative Sample, 2011-2019," *Journal of Adolescent Health*, vol. 70 (2022), pp. 294-296.

[40] Ibid.

[41] Gilda Sedgh, "Adolescent Pregnancy, Birth, and Abortion Rates Across Countries: Levels and Recent Trends," *Journal of Adolescent Health*, vol. 56 (2015). See also Table 10 in United Nations, *Demographic Yearbook*, 71st Ed., 2020. (Hereinafter, Gilda Sedgh et al., "Adolescent Pregnancy, Birth, and Abortion Rates Across Countries: Levels and Trends.")

[42] United Nations, Statistics Division, "Demographic Yearbook 2022," https://unstats.un.org/unsd/demographic-social/products/dyb/dyb_2022/. (See Table 10, "Live births by age of mother and sex of child, general and age-specific fertility rates: latest available year, 2013–2022.") See also, Gilda Sedgh et al., "Adolescent Pregnancy, Birth, and Abortion Rates Across Countries: Levels and Trends."

[43] John S. Santelli, Vinit Sharma, and Russell Viner, "Inequality, National Wealth, Economic Development and Global Trends in Teenage Birth Rates, 1990-2010," *Journal of Adolescent Health*, vol. 52, no. 1 (February 2013); and Melissa S. Kearney and Phillip B. Levine, "Why Is the Teen Birth Rate in the United States So High and Why Does It Matter?," *Journal of Economic Perspectives*, Spring: 26(2), 2012, pp. 141-166. (Hereinafter, Melissa S. Kearney and Phillip B. Levine, "Why Is the Teen Birth Rate in the United States So High and Why Does It Matter?"); John S. Santelli et al., "Global Trends in Adolescent Fertility, 1990–2012, in Relation to National Wealth, Income Inequalities, and Educational Expenditures," *Journal of Adolescent Health*, vol. 60, no. 2 (February 2017), pp. 161-168; and Torleif Halkjelsvik and Vegard Fykse Skirbekk, "Concurrent Decline in Teenage Fertility Rate and Binge Drinking? An Observational Study Across 45 Nations," *Drug and Alcohol Review*, 2024.

[44] Melissa S. Kearney and Phillip B. Levine, "Why Is the Teen Birth Rate in the United States So High and Why Does (continued...)

Financial and Social Costs of Teen Births

Adolescent childbearing has high costs for the families of teen parents and society more generally.[45] Teenage mothers and fathers tend to have less education and are more likely to have lower income than their peers who are not teen parents. For example, approximately 90% of women who do not give birth during adolescence graduate from high school, whereas about 50% of teen mothers receive a high school diploma by 22 years of age.[46] In addition, according to the HHS Office of Population Affairs, adolescents who have children before turning 20 (compared with older parents) are

- more likely to need public assistance;
- more likely to have low income as adults; and
- more likely to have children who face challenges such as poorer educational, behavioral, and health outcomes.[47]

These adverse outcomes may be explained in part by the accompanying stressors and risk factors linked to having a child as a teen. They are also partly explained by underlying differences between those who give birth as teens and those who delay childbearing. Lower levels of education reduce teen parents' potential for economic self-sufficiency. At the same time, having lower income and less education can also increase the likelihood of teens becoming pregnant in the first place.[48] Compared with their counterparts who have children at a later age, teen mothers often come from more disadvantaged backgrounds (e.g., family more likely to receive public welfare benefits, parents have lower levels of education) or, as discussed below, may be the children of teen parents themselves.[49] In addition, teen sexual activity, even among those who do not become pregnant, can increase the risk of sexually transmitted infections (STIs), which can led to long-term health issues. Some STIs are disproportionately common among adolescents and young adults.[50]

Adolescent childbearing can also affect the children of teen parents. Children of teenage mothers have poorer outcomes than children of mothers who give birth in their early 20s or later. They are generally more likely to (1) have chronic medical conditions, (2) use public health care, (3) have lower school readiness scores, (4) do poorly in school, (5) give birth during their teen years (females), and (6) be incarcerated (males).[51] Relatedly, NVSS data examining linked infant and

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It Matter?" See also, Gilda Sedgh et al., "Adolescent Pregnancy, Birth, and Abortion Rates Across Countries: Levels and Trends"; Rachel H. Scott, Kaye Willings, and Laura Lindberg, "Adolescent Sexual Activity, Contraceptive Use, and Pregnancy in Britain and the U.S.: A Multidecade Comparison," *Journal of Adolescent Health*, vol. 66, no. 5 (May 2020), pp. 582-588.

[45] HHS, CDC, *Winnable Battles Final Report*.

[46] HHS, CDC, "About Teen Pregnancy," November 15, 2021, https://www.cdc.gov/teenpregnancy/about/index.htm.

[47] HHS, OPA, OASH, "About Teen Pregnancy and Childbearing," https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy/about-teen-pregnancy-and-childbearing.

[48] Urban Institute, *Kids Having Kids: Costs and Social Consequences of Teen Pregnancy*.

[49] Melissa S. Kearney and Phillip B. Levine, "Why Is the Teen Birth Rate in the United States So High and Why Does It Matter?"; and Urban Institute, *Kids Having Kids: Costs and Social Consequences of Teen Pregnancy*.

[50] HHS, CDC, *National Overview of STIs, 2022*, January 2024.

[51] Emily Holcombe, Kristen Peterson, and Jennifer Manlove, *Ten Reasons to Still Keep the Focus on Teen Childbearing*, Child Trends, March 2009; Urban Institute, *Kids Having Kids: Costs and Social Consequences of Teen Pregnancy*; and Stefanie Mollborn, "Teenage Mothers Today: What we Know and How it Matters," *Child Development Perspectives*, vol. 11, no. 1 (March 2017), pp. 63-69. See also Anna Aizer, Paul Devereux, and Kjell Salvanes, "Grandparents, Moms, or Dads? Why children of teen mothers do worse in life," *Journal of Human Resources* (November 2020), pp. 1019-1052.

maternal health records indicated that infants born to teen mothers are more likely to face higher rates of neonatal and infant mortality and morbidity, including preterm birth or low birth weight, while teen mothers also face heightened risk of maternal health complications.[52]

In addition to the consequences for teens and their families, teen childbearing has societal impacts. One study examined these societal impacts, specifically estimating the cost savings to public programs that were associated with avoiding unintended pregnancies during the teen years. The Power to Decide[53] did a simulation analysis to estimate the number of births to teenagers that had been averted due to the decrease in teen fertility rates from 1991 to 2015. The analysis then estimated total savings of $4.4 billion for this period, taking into consideration the cost savings to Medicaid that would have been associated with labor and delivery, postpartum care for the mother, and infant care, and receipt of Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits. Additional research of decreased or delayed teenage pregnancy and childbearing could help to inform the impacts for teen parents, their children, and society more generally.[54]

[52] Ashley M. Woodall and Anne K. Driscoll, *Racial and Ethnic Differences in Mortality Rate of Infants Born to Teen Mothers: United States, 2017–2018*, National Center for Health Statistics, Data Brief, No. 371, June 2020, https://www.cdc.gov/nchs/data/databriefs/db371-h.pdf.

[53] The Power to Decide is a Washington, DC-based organization that promotes that all young people have access to the sexual health information, reproductive health services, and sense of possibility that they need—to decide if, when, and under what circumstances to get pregnant and have a child. The Power to Decide, *Progress Pays Off Savings Fact Sheet*, https://powertodecide.org/sites/default/files/media/savings-fact-sheet-national.pdf.

[54] Kelleen Kaye and Alison Ng, *Estimating the State and National Savings Associated with Declines in Teen Childbearing*, Power to Decide, January 2018. The decrease in teen births is based on the additional number of teen births estimated to have occurred in 2015 if the teen birth rate remained the same as in 1991.

Appendix A. Teen Birth Rate, 1950-2022

Table A-1. Teen Birth Rate, 1950-2022

Birth rate is per 1,000 females aged 15 to 19

Year	Birth Rate	Year	Birth Rate	Year	Birth Rate
1950	81.6	1976	52.8	2002	42.6
1951	87.6	1977	52.8	2003	41.1
1952	86.1	1978	51.5	2004	40.5
1953	88.2	1979	52.3	2005	39.7
1954	90.6	1980	53.0	2006	41.1
1955	90.3	1981	52.2	2007	41.5
1956	94.6	1982	52.4	2008	40.2
1957	96.3	1983	51.4	2009	37.9
1958	91.4	1984	50.6	2010	34.2
1959	89.1	1985	51.0	2011	31.3
1960	89.1	1986	50.2	2012	29.4
1961	88.6	1987	50.6	2013	26.5
1962	81.4	1988	53.0	2014	24.2
1963	76.7	1989	57.3	2015	22.3
1964	73.1	1990	59.9	2016	20.3
1965	70.5	1991	61.8	2017	18.8
1966	70.3	1992	60.3	2018	17.4
1967	67.5	1993	59.0	2019	16.7
1968	65.6	1994	58.2	2020	15.0
1969	65.5	1995	56.0	2021	13.9
1970	68.3	1996	53.5	2022	13.6
1971	64.5	1997	51.3		
1972	61.7	1998	50.3		
1973	59.3	1999	48.8		
1974	57.5	2000	47.7		
1975	55.6	2001	45.0		

Source: Table prepared by the Congressional Research Service based on data from the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes: These data are presented in **Figure 1**.

Appendix B. Teen Birth Rates, by State

Table B-1. Teen Birth Rates, by State

2022

State/Territory	Teen Birth Rate, Total (Ages 15-19)	Teen Birth Rate, Ages 15-17	Teen Birth Rate, Ages 18-19
Alabama	20.9	9.4	37.4
Alaska	16.9	4.9	39.8
Arizona	15.1	6.0	28.8
Arkansas	24.6	9.5	48.9
California	9.8	3.8	18.9
Colorado	11.1	4.4	21.1
Connecticut	6.4	2.9	10.9
District of Columbia	12.5	7.7	16.1
Delaware	14.7	6.6	26.1
Florida	13.1	5.2	25.5
Georgia	16.6	6.6	32.5
Hawaii	11.7	3.9	24.7
Idaho	10.9	4.0	19.5
Illinois	11.3	4.4	22.2
Indiana	16.7	6.4	32.8
Iowa	12.4	5.6	22.1
Kansas	16.2	6.5	31.0
Kentucky	21.8	8.0	44.5
Louisiana	23.7	9.8	45.8
Maine	8.4	2.8	16.6
Maryland	10.9	4.8	20.4
Massachusetts	5.8	2.4	9.9
Michigan	11.6	4.4	22.6
Minnesota	8.2	3.2	16.2
Mississippi	26.4	11.6	49.1
Missouri	16.9	6.7	32.9
Montana	12.2	4.5	24.7
Nebraska	14.1	5.9	26.7
Nevada	14.0	4.8	31.0
New Hampshire	4.6	1.5	9.0
New Jersey	8.2	3.4	16.1
New Mexico	19.7	9.1	36.0

State/Territory	Teen Birth Rate, Total (Ages 15-19)	Teen Birth Rate, Ages 15-17	Teen Birth Rate, Ages 18-19
New York	8.6	3.4	15.7
North Carolina	15.0	6.5	27.1
North Dakota	11.7	4.4	20.9
Ohio	15.4	6.0	30.5
Oklahoma	21.2	8.7	40.7
Oregon	10.1	3.8	19.9
Pennsylvania	10.6	4.7	18.2
Rhode Island	8.3	3.8	13.0
South Carolina	17.3	8.3	30.3
South Dakota	17.4	7.7	32.7
Tennessee	21.0	8.4	41.6
Texas	20.4	9.0	38.6
Utah	9.0	3.1	18.1
Vermont	5.8	2.4	9.5
Virginia	11.2	4.3	31.0
Washington	9.6	3.2	20.0
West Virginia	19.8	6.7	39.3
Wisconsin	9.8	4.1	18.3
Wyoming	16.0	5.4	33.5
Total—United States	13.6	5.6	25.8
U.S. Territories			
Guam	19.8	9.0	37.1
Northern Marianas	9.4	N/A	N/A
Puerto Rico	12.6	4.4	24.7
U.S Virgin Islands	15	N/A	29.9

Source: Figure created by CRS using data from Michelle J.K. Osterman et al., "Births: Final Data for 2022," Table 8, HHS, CDC, NCHS, *National Vital Statistics Report*, vol. 73, no. 2, April 2024, https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-02.pdf.

Notes: The U.S. teen birth rate does not include the territories. Data were not available for American Samoa (2017 teen birth rate of 38.4). These data are presented in **Figure 3**.

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