

Selected Facts About Teenage Pregnancy

Mississippi

1994

Mississippi State Department of Health
Division of Reproductive Health
Family Planning

F.E. Thompson, MD, MPH
State Health Officer

Foreword

Every year, Mississippi teens begin families who will cost the state more than \$103 million in public funds before they reach the age of 21.

Teen mothers have to face the demanding challenges of parenthood. Young mothers often choose to drop out of school; even the teen fathers are more likely than their peers to stop educational efforts. Many of these teenagers are unable to get jobs and they start a cycle of poverty which makes them dependent upon society.

These problems should prompt enormous concern over the serious economic, social, and health effects of teen pregnancies and teen births – in Mississippi and throughout the United States. The costs to society that result from the consequences of teen births, particularly to high risk teens – those under 15 years, unmarried, poor, and having a repeat pregnancy, for example – must be addressed by this nation.

The reduction in teen births is a critical public health goal for Mississippi. To reach this goal, we must increase our public understanding of this complicated social problem and develop a commitment for support of educational efforts. We must provide social and health services to encourage changes in values and behavior of our youth so they can protect themselves against sexually transmitted diseases and unwanted pregnancies.

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¹Elise Jones et al., Teenage Pregnancy in Industrialized Countries, New Haven: Yale University Press, 1986, pp. 23, 37.

²Cheryl Hayes, ed., Risking the Future: Report of the Panel on Adolescent Pregnancy and Childbirth of the National Research Council, Final Report, Washington, D.C.: National Academy Press, 1987, pp. 1, 2, 20-2

³Annette Lawson & Deborah L. Rhodes, The Politics of Pregnancy: Adolescent Sexuality and Public Policy, New Haven: Yale University Press, 1993, p.1.

⁴Ibid

⁵Annette Lawson & Deborah L. Rhodes, The Politics of Pregnancy: Adolescent Sexuality and Public Policy, New Haven: Yale University Press, 1993, p. 23

⁶U. S. Department of Health and Human Services, "Morbidity and Mortality Weekly Report," September 1995.

⁷Sarah S. Brown & Leon Eisenberg, The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families, Washington: National Academy Press, 1995

⁸Ibid

⁹Report to Congress on Out-Of-Wedlock Childbearing, September 1995

Introduction

Teenage pregnancy and childbearing have been a normal reproductive pattern in many cultures over many centuries. However, during the past several decades, that pattern has increasingly been presented as a major social problem, especially in the United States, which has the highest rates of adolescent pregnancy and childbirth among Western industrialized nations.¹ **Children having Children:** this powerful statement has been instrumental in making teenage pregnancy a major national concern. The issue of teenage pregnancy continues to greatly disturb our nation and our state, so much so that it demands immediate attention, although there exists no consensus as to **what the problem really is.**²

Research clearly suggests that much of the complexity and difficulty surrounding the issue of teenage pregnancy stems from inaccurate perceptions of what the problem is. **Is it pregnancy in teen years? Is it morality — childbirth to teenagers outside of marriage? Is it sexual activity too soon? Is it failure to complete education or training? Is it the demands on the welfare system, or is it poverty?**³ These questions have a politically volatile nature. Although the issue has prompted much concern, it has not prompted coherent policies.

Teenage pregnancy has become the centerpiece for welfare reform. It has been identified as one of the major reasons for dropping out of school. Researchers contend that not only does teenage pregnancy cause poverty, but poverty is a cause of teenage pregnancy.⁴

What makes adolescent pregnancy problematic? Adolescence, as described by social scientists and the general American public, is a critical developmental stage where children undergo the physical, emotional, and social growths that prepare them for adulthood. Because of the perceived fragility of these young people, most parents, educators, politicians, social welfare agencies, health providers, and others view pregnancy during the early years as a disaster.⁵

Research indicates that the consequences of unintended pregnancies are serious, imposing burdens on children, their families, and society. Data reveal that 60 percent of all babies born in the US are unintended.⁶ For the teen population that percentage increases to 95 percent.⁷

Studies further suggest that when pregnancies are unintended, especially when they are unwanted, the mother is less likely to seek prenatal care. If she does, usually it begins after the first trimester. In addition, the mother of an unwanted pregnancy is more likely to expose the fetus to harmful substances such as tobacco and alcohol. Also, the child is at greater risk of being a low birthweight baby (less than 2,500 grams).⁸

The child of an unwanted conception is at greater risk of dying during the first year of life, of being abused, and of not receiving the necessary resources for healthy development. Studies show that the mother herself is at greater risk of being abused by her partner. Also, her relationship with her partner is at greater risk of dissolution.⁹

In Mississippi, over 22 percent of all babies born during 1994 were born to teenagers. More than 32 percent of those mothers were giving birth to their second, third, fourth, or fifth child. In addition, 80 percent of the teen mothers were unmarried. Approximately 44 percent of the teen mothers were 17 years old or younger. About 85 percent of the reported pregnancies to adolescents resulted in births. The remainder resulted in abortions and fetal deaths.

¹⁰Mississippi State Department of Health Public Health Statistics.

¹¹Sharon Thompson, Search for Tomorrow: On Feminism and the Reconstruction of Teen Romance, in Carole S. Vance, ed., Pleasure and Danger, Boston: Routledge and Kegan Paul, 1984, p.350.

In absolute numbers, these percentages mean that of the 41,938 babies born in Mississippi during 1994, teenagers gave birth to 9,265 of them. Within this pool, 2,118 girls gave birth to their second child, 566 gave birth to their third baby, and 159 gave birth for the fourth time or more. Data reveal that 7,383 of the 9,265 teen mothers were unmarried, and 4,114 girls were 17 years old or younger. One mother had not reached her twelfth birthday. Sixteen 12 year olds and 79 thirteen year old girls became mothers. Some 1,399 teenagers elected to terminate their pregnancy, while another 138 experienced a fetal death.¹⁰

Mississippi continues to lead the nation in the percentage of births to teens. Nevertheless, the good news is that a recent trend indicates that pregnancies are slowly declining in our state. Mississippians (educators, health care providers, religious leaders, civic leaders, public and private sectors, etc.), are working hard to educate, provide medical and other services, provide leadership and resources to help our young population make informed choices, and provide access to the best available medical care. In addition, it has been recognized that the consequences of early childbearing are serious and predictable. Therefore, the issue is being addressed head on, and many parents of these young people are active participants.

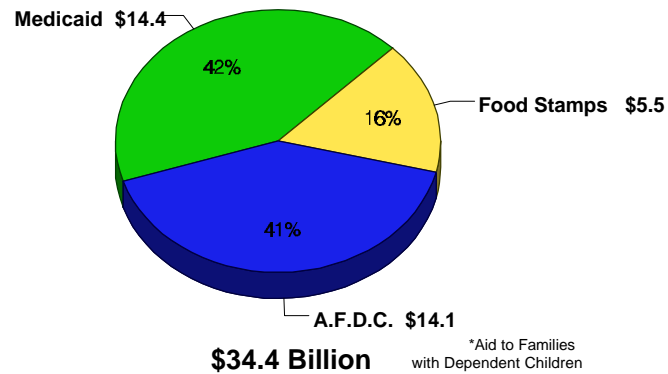
Some commentators on this issue of teenage pregnancy contend that the problem is not really teenagers who want sex so soon, but it is our society that offers too little, too late — too little birth control information, too few job opportunities, and too little reason for many teenagers to stay in school and delay childbearing.¹¹

The social conditions in Mississippi, like many other states, simultaneously promote and punish early childbearing. The relevant literature clearly suggests that if we are to change these conditions, then we must produce a better range of health, social, educational, and vocational strategies. However, to alter the choices of adolescents, adult priorities need to be redirected. If adults plan to help teenagers avoid the outcomes of sex that are clearly negative, they must first accept the reality of adolescent sexual activity. Also, they must deal with it directly and honestly.

Some selected facts about teenage pregnancy in Mississippi are presented in this booklet. The data paint the pictures of the young mothers in this state who are hardly removed from childhood themselves; whose education is incomplete parenting skills are undeveloped; and personal potential is unfulfilled. It also reveals the need for all of us to make a concerted effort to save the most valuable resource this state possesses, the children.

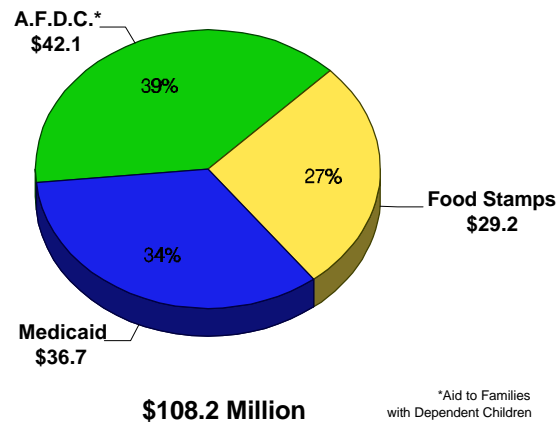
Marilyn Johnson Luckett, MPPA
Health Program Specialist, Sr.
Bureau of Women's Health

Public Cost of Teen Childbearing in the United States, 1992



The amount spent this year for families that began when the mother was a teenager.

Public Cost of Teen Childbearing in Mississippi, 1994



Mississippi State Department Of Health
Public Health Statistics

Center for Population Options,
Washington, D.C.

The amount spent this year for families that began when the mother was a teenager.

Birth Rates for the Top Ten States by Race* for Teens 15-19 (United States, 1992)

Total (All Races)			White			Black		
State	Rate	Rank	State	Rate	Rank	State	Rate	Rank
Mississippi	84.2	1	Arizona	79.9	1	Wisconsin	167.1	1
Arizona	81.7	2	New Mexico	79.5	2	Minnesota	162.6	2
New Mexico	80.3	3	California	79.3	3	Illinois	144.6	3
Texas	78.9	4	Texas	75.1	4	Missouri	143.9	4
Louisiana	76.5	5	Nevada	65.6	5	Iowa	137.7	5
Arkansas	75.5	6	Oklahoma	63.1	6	Kansas	137.4	6
Georgia	74.5	7	Arkansas	62.8	7	Nevada	137.2	7
California	74.0	8	Kentucky	60.7	8	Ohio	132.4	8
Alabama	72.5	9	Tennessee	58.5	9	Rhode Island	131.1	9
Nevada	71.4	10	Mississippi	57.2	10	Pennsylvania	127.3	10
Tennessee	71.4	10				Mississippi	116.1	20

* Birth rates for women of races other than white or black are not presented because the composition of this category varied widely by state.

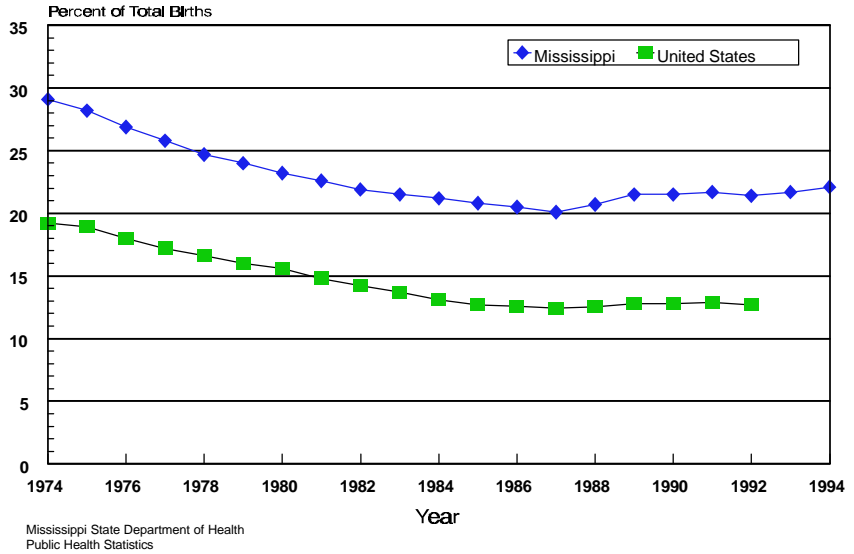
U. S. Department of Health and Human Services/Public Health Statistics

Teen birth rates vary due to the increase or decrease in births and the difference in the population's black/white ratio in each state. When rates are calculated from small numbers of observations, a greater variance in these rates exists. This effect is most severe when both the numerator (the number of events being studied) and the denominator (the number in the population being studied) are small. However, the effect can also be seen when the number of observations is small and the population is of moderate size.

For example, the states ranking in the top 10 for black teen births have only 15 percent or fewer blacks. Mississippi's total population is comprised of approximately 36 percent black. In view of this, it is easier to understand why Mississippi is ranked twentieth for teen birth rates of blacks.

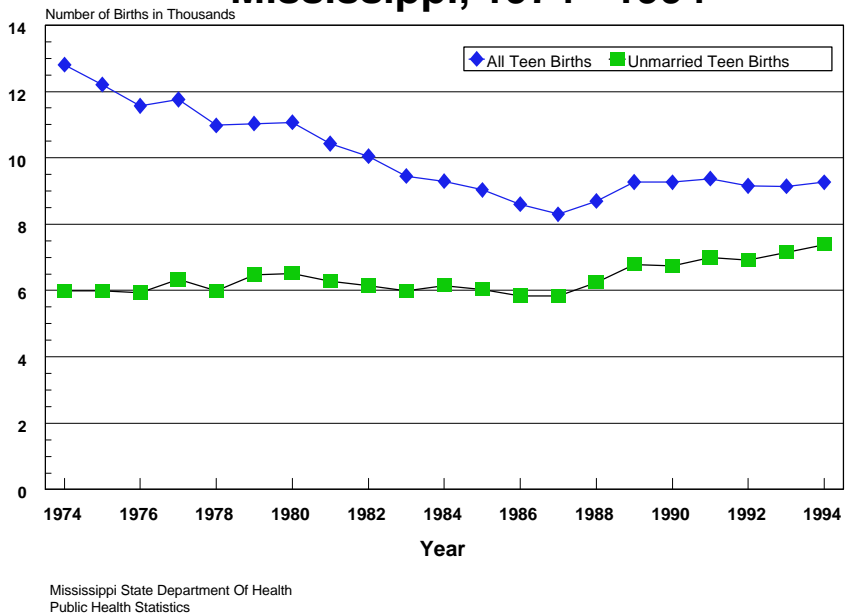
Percent of Births to Teens Mississippi and the United States 1974 - 1994

Mississippi's trend for teen births, as a percent of all live births, has shown only slight deviation from the national trend from 1974 through 1994. While the trend for teen births in Mississippi has remained in line with the nation's, our percentage of births to teens remains two-thirds higher, according to the 1992 statistics. Both began falling in 1975 and continued downward through 1987. Teen births increased slightly during 1988 and 1989 and have since remained fairly level. In 1993 Mississippi's births began rising once again.



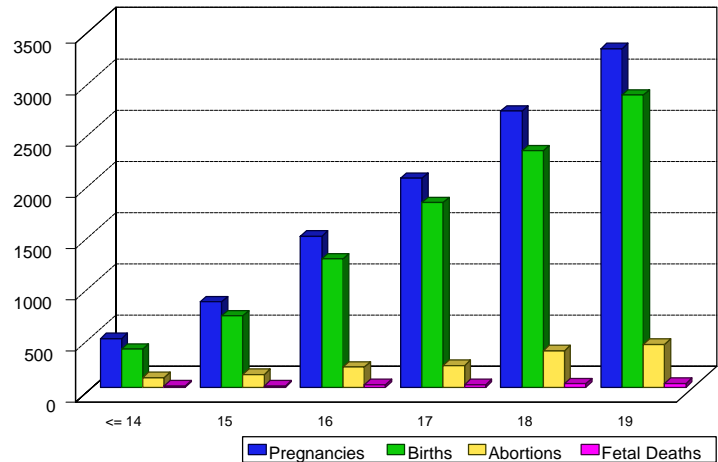
Comparison of All Teen Births and Unmarried Teen Births Mississippi, 1974 - 1994

In Mississippi, while the total number of teen births steadily dropped through 1987, the number of births to unmarried teens remained constant, with only slight deviations. Consequently, each year a greater proportion of those teen births has been to unmarried mothers. In 1974, 46.7 percent of the teen births were to unmarried mothers. In 1994, unmarried mothers comprised 79.7 percent of the teen births. This sharp increase is primarily due to the significant increase of unwed white teen mothers. The number of teen births to unmarried white mothers has more than tripled in the past 20 years rising from 524 in 1974 to 1,586 in 1994. Births to unmarried black teens rose slightly from 5,458 in 1974 to 5797 in 1994.



Pregnancies, Births, Abortions, and Fetal Deaths for Teens by Age Mississippi, 1994

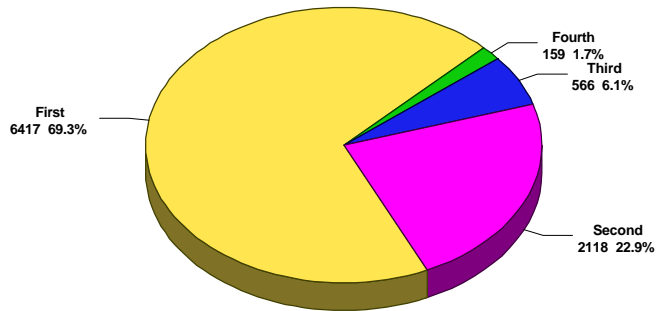
Data reveal that there is a slight yet constant decline in the number of pregnancies that occur to teens. The number has declined from 11,089 during 1992 to 10,962 in 1993. The decline has continued in 1994 to 10,802.



Mississippi State Department Of Health
Pregnancies include births, abortions, and fetal deaths.
Public Health Statistics

Live Births to Teen Mothers by Pregnancy Order Mississippi, 1994

Approximately one-third or 2,843 of the 9,265 live births to Mississippi teens in 1994 were to teens who had already had at least one previous pregnancy. The birth marked the first pregnancy for 6,417, the second for 2,118, the third for 566, and the fourth or more for 159.



Mississippi State Department Of Health
Pregnancies include births, abortions, and fetal deaths.
Public Health Statistics

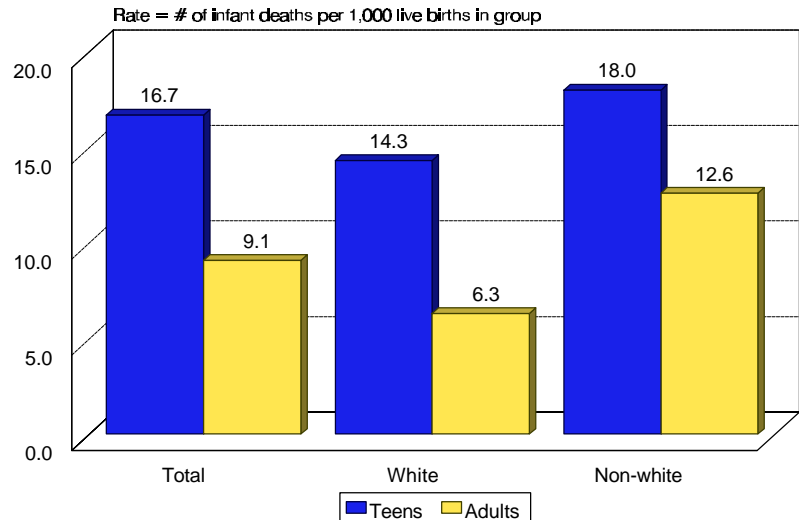
Ages 11-19 Mississippi 1994	Age Of Mother									
	<11	12	13	14	15	16	17	18	19	
Pregnancies	2	19	112	341	831	1,472	2,035	2,690	3,300	
Births	1	16	79	274	694	1,252	1,798	2,304	2,847	
Abortions	1	2	30	60	125	197	213	354	417	
Fetal Deaths	0	1	3	7	12	23	24	32	36	

In 1994, Mississippi's teen mothers were 74.0 percent more likely to have babies die during the first year of life than adult mothers. The teen infant mortality rate in 1994 was 16.7 infant deaths per 1,000 live births to women less than 20 years of age. The corresponding rate for adults was 9.1 deaths per 1,000 live births to women 20 years old or older.

The risk of having an infant die was 121.0 percent greater for white teens than for white adults. In 1994, the infant mortality rate for white teens was 14.3 and for white adults 6.3.

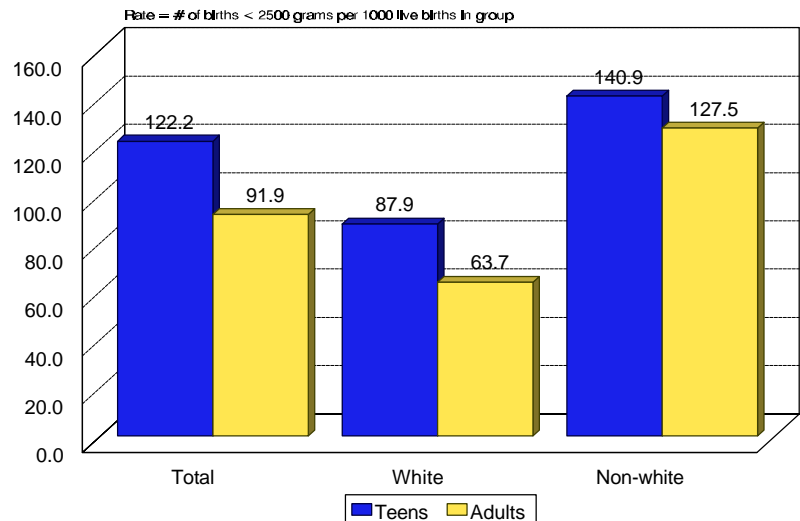
Although the disparity of 38.4 was less between nonwhite teens and nonwhite adults, the infant mortality rate for nonwhite teens was 18.4 and 12.6 for nonwhite adults.

Comparison of Infant Mortality Rates for Teens and Adults by Race of Mother Mississippi, 1994



Mississippi State Department Of Health
Public Health Statistics

Comparison of Low Birthweight Rates for Teens and Adults by Race of Mother Mississippi, 1994



Mississippi State Department Of Health
Public Health Statistics

Low birthweight is one major contributor to the high cost of teen childbearing. It is also a major contributor to infant mortality.

The pattern for low birthweight rates is not as pronounced as for infant mortality rates, but the same adverse relationship exists. Teens overall and nonwhite more than whites have low birthweight babies — infants who weigh less than 2,500 grams or about five-and-one-half pounds.

The low birthweight rate for teens was 122.2 per 1,000 live births compared with 91.9 for adults, making the rate for teens 33.0 percent higher.

The rate of 87.9 for white teens was 37.8 percent higher than that of 63.7 for white adults. The rate of 140.9 for nonwhite teens was 10.5 percent higher than that of 127.5 for nonwhite adults.

**Number of Births, Abortions, and Fetal Deaths
to Teens by County of Residence (Mississippi, 1994)**

County	Births	Abortions	Fetal Deaths	County	Births	Abortions	Fetal Deaths
Adams	125	10	1	Leflore	226	31	4
Alcorn	83	17	1	Lincoln	93	16	3
Amite	28	4	0	Lowndes	183	43	3
Attala	56	3	1	Madison	184	37	5
Benton	26	4	0	Marion	100	4	1
Bolivar	202	27	2	Marshall	158	31	0
Calhoun	50	4	0	Monroe	137	11	1
Carroll	24	4	0	Montgomery	41	8	3
Chickasaw	93	10	2	Neshoba	80	9	0
Choctaw	22	4	0	Newton	65	8	2
Claiborne	42	5	0	Noxubee	52	7	0
Clarke	49	11	0	Oktibbeha	95	28	1
Clay	72	5	0	Panola	154	27	0
Coahoma	211	20	6	Pearl River	154	1	1
Copiah	107	20	2	Perry	36	3	0
Covington	74	5	2	Pike	136	9	2
DeSoto	165	40	2	Pontotoc	66	5	0
Forrest	240	22	0	Prentiss	67	3	0
Franklin	26	2	0	Quitman	54	6	0
George	68	9	0	Rankin	189	52	4
Greene	27	3	1	Scott	115	20	3
Grenada	84	15	2	Sharkey	50	4	0
Hancock	108	5	1	Simpson	70	11	1
Harrison	549	63	9	Smith	48	4	2
Hinds	863	247	19	Stone	53	2	0
Holmes	119	14	0	Sunflower	179	22	7
Humphreys	57	2	0	Tallahatchie	88	9	1
Issaquena	10	1	0	Tate	60	19	0
Itawamba	45	5	0	Tippah	66	9	0
Jackson	356	63	4	Tishomingo	36	5	1
Jasper	59	7	2	Tunica	52	3	3
Jefferson	34	6	1	Union	84	5	0
Jeff Davis	54	4	1	Walthall	60	3	0
Jones	212	14	3	Warren	177	52	6
Kemper	28	3	1	Washington	413	54	6
Lafayette	81	21	2	Wayne	73	11	0
Lamar	79	7	1	Webster	29	3	0
Lauderdale	208	45	3	Wilkinson	22	1	1
Lawrence	34	5	0	Winston	56	6	2
Leake	80	3	1	Yalobusha	39	10	0
Lee	239	34	2	Yazoo	136	14	3
Mississippi State Department of Health Public Health Statistics				State Total	9,265	1,399	138

* Abortions include abortions performed out of state.

**Number of Births, Abortions, and Fetal Deaths
to All Mothers by County of Residence (Mississippi, 1994)**

County	Births	Abortions	Fetal Deaths	County	Births	Abortions	Fetal Deaths
Adams	535	36	4	Leflore	680	120	15
Alcorn	413	50	4	Lincoln	430	43	11
Amite	157	11	3	Lowndes	1,031	179	12
Attala	233	24	3	Madison	1,150	235	17
Benton	108	21	0	Marion	395	17	5
Bolivar	681	92	10	Marshall	596	97	1
Calhoun	230	12	0	Monroe	579	48	3
Carroll	102	12	2	Montgomery	166	32	3
Chickasaw	331	26	4	Neshoba	397	29	3
Choctaw	116	10	1	Newton	305	34	5
Claiborne	178	30	5	Noxubee	216	23	6
Clarke	233	27	1	Oktibbeha	487	146	5
Clay	330	42	3	Panola	538	65	7
Coahoma	658	71	8	Pearl River	598	5	3
Copiah	412	64	5	Perry	173	8	1
Covington	311	18	2	Pike	579	45	5
DeSoto	1,184	196	6	Pontotoc	331	17	1
Forrest	1,123	126	8	Prentiss	314	22	1
Franklin	110	5	1	Quitman	190	16	4
George	323	21	1	Rankin	1,357	261	15
Greene	128	7	1	Scott	431	63	11
Grenada	330	54	2	Sharkey	139	14	0
Hancock	484	18	3	Simpson	384	40	5
Harrison	2,980	294	26	Smith	205	22	4
Hinds	4,141	1,409	72	Stone	199	13	2
Holmes	423	52	3	Sunflower	515	65	15
Humphreys	190	12	3	Tallahatchie	265	26	3
Issaquena	22	3	0	Tate	326	54	4
Itawamba	293	19	6	Tippah	286	27	0
Jackson	1,826	235	15	Tishomingo	229	25	2
Jasper	255	20	5	Tunica	146	18	3
Jefferson	147	19	4	Union	336	22	0
Jeff Davis	232	15	3	Walthall	231	13	3
Jones	906	74	13	Warren	800	205	19
Kemper	148	16	3	Washington	1,319	185	20
Lafayette	395	121	5	Wayne	319	31	5
Lamar	480	36	4	Webster	115	13	1
Lauderdale	1,214	200	13	Wilkinson	125	2	3
Lawrence	186	11	0	Winston	237	28	5
Leake	312	24	3	Yalobusha	177	23	0
Lee	1,296	144	11	Yazoo	486	61	7
Mississippi State Department of Health Public Health Statistics				State Total	41,938	6,069	501

* Abortions include abortions performed out of state.

**Number of Pregnancies to Teens by County of Residence
Mississippi (1992-1994)**

Total Pregnancies				Total Pregnancies			
County	1992	1993	1994	County	1992	1993	1994
Adams	159	155	136	Leflore	259	249	261
Alcorn	110	99	101	Lincoln	110	146	112
Amite	27	29	32	Lowndes	260	235	229
Attala	54	75	60	Madison	241	246	226
Benton	33	39	30	Marion	83	110	105
Bolivar	239	260	231	Marshall	137	149	189
Calhoun	73	50	54	Monroe	124	149	149
Carroll	30	28	28	Montgomery	64	49	52
Chickasaw	84	84	105	Neshoba	124	103	89
Choctaw	24	24	26	Newton	93	85	75
Claiborne	60	56	47	Noxubee	61	56	59
Clarke	68	52	60	Oktibbeha	132	114	124
Clay	123	99	77	Panola	193	188	181
Coahoma	216	220	237	Pearl River	126	126	156
Copiah	115	123	129	Perry	41	39	39
Covington	7	77	81	Pike	173	166	147
DeSoto	260	240	207	Pontotoc	75	77	71
Forrest	267	261	262	Prentiss	68	82	70
Franklin	25	32	28	Quitman	83	67	60
George	77	82	77	Rankin	261	290	245
Greene	36	34	31	Scott	133	127	138
Grenada	118	104	101	Sharkey	46	42	54
Hancock	93	94	114	Simpson	98	106	82
Harrison	644	602	621	Smith	57	41	54
Hinds	1,209	1,183	1,129	Stone	44	47	55
Holmes	134	138	133	Sunflower	239	207	208
Humphreys	77	62	59	Tallahatchie	108	99	98
Issaquena	8	8	11	Tate	85	72	79
Itawamba	71	52	50	Tippah	64	64	75
Jackson	418	431	423	Tishomingo	48	47	42
Jasper	83	72	68	Tunica	60	48	58
Jefferson	39	53	41	Union	74	73	89
Jeff Davis	54	60	59	Walthall	55	56	63
Jones	234	226	229	Warren	213	233	235
Kemper	33	29	32	Washington	435	430	473
Lafayette	107	121	104	Wayne	94	106	84
Lamar	66	72	87	Webster	36	38	32
Lauderdale	274	279	256	Wilkinson	28	22	24
Lawrence	51	46	39	Winston	67	59	64
Leake	69	80	84	Yalobusha	59	52	49
Lee	252	268	275	Yazoo	147	168	153
Mississippi State Department of Health Public Health Statistics				State Total	11,089	10,962	10,802

* Pregnancies include live births, fetal deaths and induced terminations.

**Teen Pregnancy Rate by District and County
Ranked Within District from Highest to Lowest
Mississippi, 1994**

District I	Rate	District II	Rate	District III	Rate
Coahoma	79.77	Marshall	71.29	Leflore	77.20
Tallahatchie	68.92	Lee	56.64	Washington	73.83
Panola	68.35	Union	52.29	Sunflower	66.71
Tunica	65.61	Tippah	49.31	Holmes	62.59
Quitman	59.06	Pontotoc	42.75	Bolivar	54.46
Grenada	57.62	Alcorn	42.51	Humphreys	52.82
Yalobusha	51.96	Benton	41.96	Montgomery	51.95
Tate	40.60	Prentiss	35.66	Attala	41.01
DeSoto	38.78	Tishomingo	35.26	Carroll	35.44
		Lafayette	34.38		
		Itawamba	31.47		
District IV	Rate	District V	Rate	District VI	Rate
Chickasaw	71.77	Sharkey	72.68	Scott	69.70
Monroe	50.41	Yazoo	69.89	Leake	57.97
Calhoun	50.19	Issaquena	63.22	Smith	47.24
Noxubee	50.13	Warren	58.60	Jasper	45.27
Lowndes	47.98	Madison	55.31	Lauderdale	43.63
Webster	40.51	Hinds	54.38	Clarke	43.26
Clay	39.75	Copiah	50.43	Newton	43.08
Winston	38.86	Simpson	41.97	Neshoba	42.60
Oktibbeha	35.56	Rankin	36.94	Kemper	33.09
Choctaw	32.14	Claiborne	30.74		
District VII	Rate	District VIII	Rate	District IX	Rate
Jefferson	49.40	Covington	57.73	Stone	56.18
Walthall	48.02	Wayne	49.76	George	54.04
Adams	47.65	Marion	49.44	Harrison	51.34
Pike	44.76	Jeff Davis	47.89	Hancock	49.78
Lincoln	44.34	Jones	45.75	Pearl River	48.89
Franklin	43.08	Forrest	45.55	Jackson	43.63
Lawrence	36.72	Perry	40.67		
Wilkinson	31.58	Lamar	36.14		
Amite	28.91	Greene	35.55		
Mississippi State Department of Health Public Health Statistics				State Rate	50.43

Teenage Pregnancy Rate = $\frac{\# \text{ Live Births, Fetal Deaths, Induced Terminations} \times 1000}{\# \text{ of Women Ages 10 - 19}}$

**Percent of Live Births to Teens by County of Residence
Ranked from Highest to Lowest
Mississippi, 1994**

County	Percent	Rank	County	Percent	Rank
Issaquena	45.5	1	Jefferson	23.1	43
Sharkey	36.0	2	Tippah	23.1	44
Tunica	35.6	3	Wayne	22.9	45
Sunflower	34.8	4	Hancock	22.3	46
Leflore	33.2	5	Warren	22.1	47
Tallahatchie	33.2	6	State Percent	22.1	—
Coahoma	32.1	7	Yalobusha	22.0	48
Washington	31.3	8	Clay	21.8	49
Humphreys	30.0	9	Calhoun	21.7	50
Bolivar	29.7	10	Lincoln	21.6	51
Panola	28.6	11	Forrest	21.4	52
Quitman	28.4	12	Prentiss	21.3	53
Holmes	28.1	13	Newton	21.3	54
Chickasaw	28.1	14	Greene	21.1	55
Yazoo	28.0	15	George	21.1	56
Scott	26.7	16	Clarke	21.0	57
Stone	26.6	17	Hinds	20.8	58
Marshall	26.5	18	Perry	20.8	59
Walthall	26.0	19	Lafayette	20.5	60
Copiah	26.0	20	Neshoba	20.2	61
Pearl River	25.8	21	Alcorn	20.1	62
Leake	25.6	22	Pontotoc	19.9	63
Grenada	25.5	23	Oktibbeha	19.5	64
Marion	25.3	24	Jackson	19.5	65
Webster	25.2	25	Choctaw	19.0	66
Union	25.0	26	Kemper	18.9	67
Montgomery	24.7	27	Lee	18.4	68
Benton	24.1	28	Harrison	18.4	69
Noxubee	24.1	28	Tate	18.4	70
Attala	24.0	30	Lawrence	18.3	71
Covington	23.8	31	Simpson	18.2	72
Monroe	23.7	32	Amite	17.8	73
Franklin	23.6	33	Lowndes	17.7	74
Winston	23.6	34	Wilkinson	17.6	75
Claiborne	23.6	35	Lauderdale	17.1	76
Carroll	23.5	36	Lamar	16.5	77
Pike	23.5	37	Madison	16.0	78
Smith	23.4	38	Tishomingo	15.7	79
Jones	23.4	39	Itawamba	15.4	80
Adams	23.4	40	DeSoto	13.9	81
Jeff Davis	23.3	41	Rankin	13.9	82
Jasper	23.1	42			

Mississippi State Department of Health
Public Health Statistics

Percents are rounded to the nearest tenth of a percent.

The ties are given the smallest of the corresponding ranks.

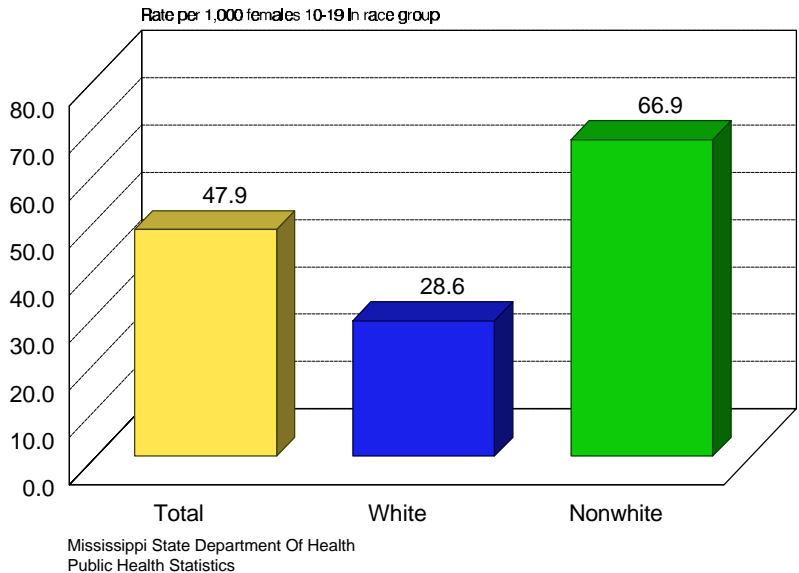
Of the 18,921 girls ages 10 to 19 in District I, 1,070 became pregnant in 1994. Those pregnancies resulted in 907 births, 149 abortions, and 14 fetal deaths.

The 907 births to District I teens include 437 babies born to girls ages 10 to 17. Of these, 386 were out-of-wedlock, 49 were low babies (less than 5.5 pounds), and 28 received inadequate prenatal care. Teenagers are more likely to delay prenatal care and to have low birthweight babies than older mothers.

During the 1994-1995 school year, 36 girls dropped out of school in District I because of pregnancy.

In FY 1994, Mississippi spent \$108,165,428 in AFDC, Food Stamps, and Medicaid on teenage childbearing. District I spent \$10,588,888 of this total.

Teen Fertility Rates by Race of Mother Public Health District I Mississippi, 1994



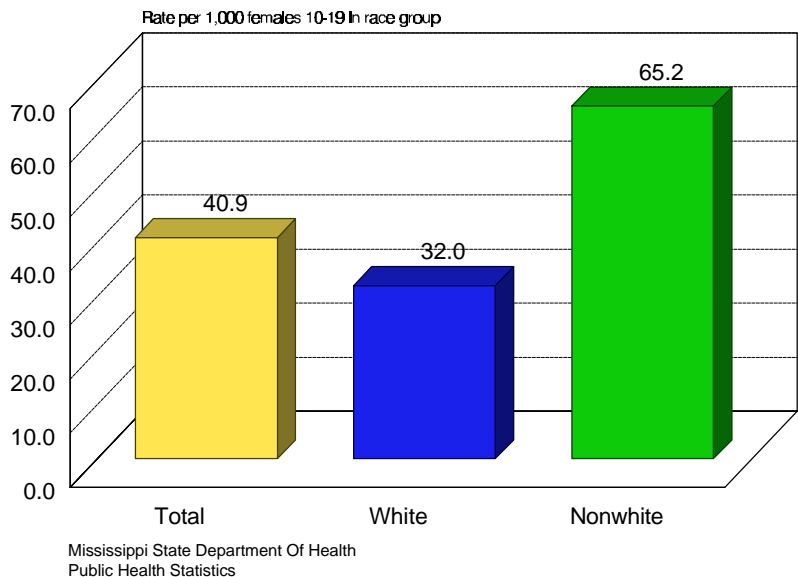
Of the 23,249 girls ages 10 to 19 in District II, 1,096 became pregnant in 1994. Those pregnancies resulted in 951 births, 139 abortions, and 6 fetal deaths.

The births to District II teens include 379 babies born to girls ages 10 to 17. Of these, 299 were out-of-wedlock, 48 were low birthweight babies (less than 5.5 pounds), and 48 received inadequate prenatal care. Teenagers are more likely to delay prenatal care and to have low birthweight babies than older mothers.

During the 1994-1995 school year, 53 girls dropped out of school in District II because of pregnancy.

In FY 1994, Mississippi spent \$108,165,428 in AFDC, Food Stamps, and Medicaid on teenage childbearing. District II spent \$11,102,570 of this total.

Teen Fertility Rates by Race of Mother Public Health District II Mississippi, 1994



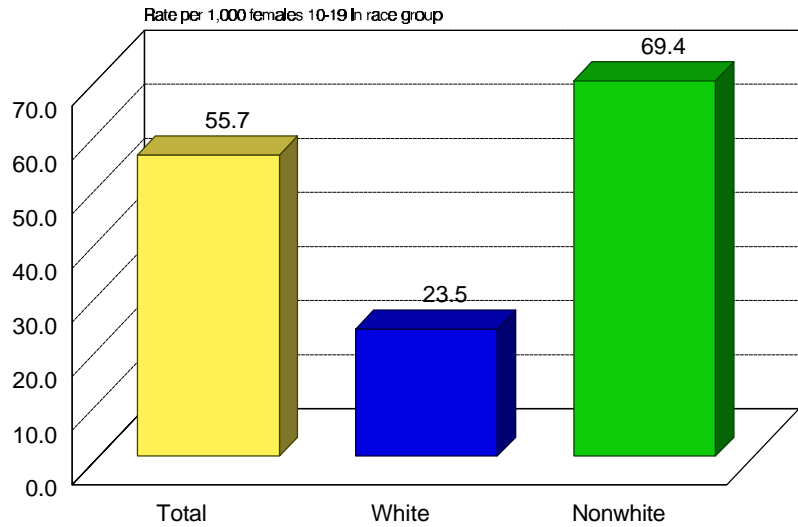
Of the 23,644 girls ages 10 to 19 in District III, 1,505 became pregnant in 1994. Those pregnancies resulted in 1,317 births, 165 abortions, and 23 fetal deaths.

The 1,317 births to District III teens include 637 babies born to girls ages 10 to 17. Of these, 613 were out-of-wedlock, 89 were low birthweight babies (less than 5.5 pounds), and 102 received inadequate prenatal care. Teenagers are more likely to delay prenatal care and to have low birthweight babies than older mothers.

During the 1994-1995 school year, 58 girls dropped out of school in District III because of pregnancy.

In FY 1994, Mississippi spent \$108,165,428 in AFDC, Food Stamps, and Medicaid on teenage childbearing. District III spent \$15,375,485 of this total.

Teen Fertility Rates by Race of Mother Public Health District III Mississippi, 1994



Mississippi State Department Of Health
Public Health Statistics

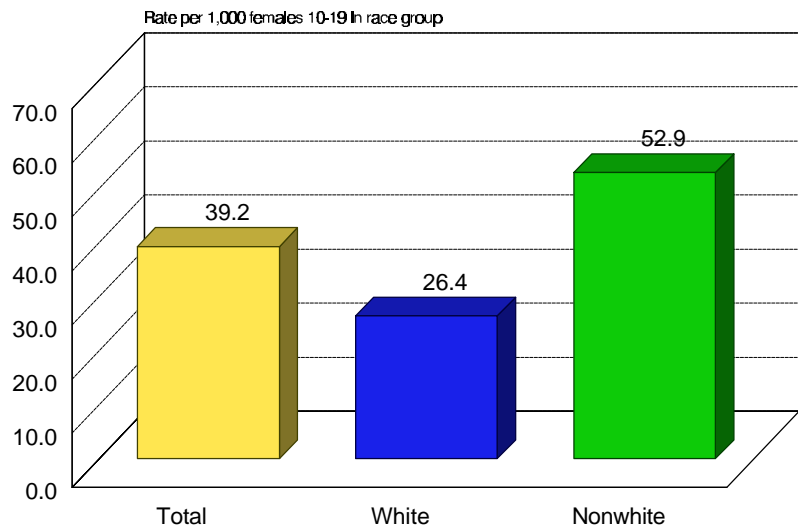
Of the 20,115 girls ages 10 to 19 in District IV, 919 became pregnant in 1994. Those pregnancies resulted in 789 births, 121 abortions, and 9 fetal deaths.

The 789 births to District IV teens include 367 babies born to girls ages 10 to 17. Of these, 319 were out-of-wedlock, 53 were low birthweight babies (less than 5.5 pounds), and 39 received inadequate prenatal care. Teenagers are more likely to delay prenatal care and to have low birthweight babies than older mothers.

During the 1994-1995 school year, 36 girls dropped out of school in District IV because of pregnancy.

In FY 1994, Mississippi spent \$108,165,428 in AFDC, Food Stamps, and Medicaid on teenage childbearing. District IV spent \$9,211,281 of this total.

Teen Fertility Rates by Race of Mother Public Health District IV Mississippi, 1994



Mississippi State Department Of Health
Public Health Statistics

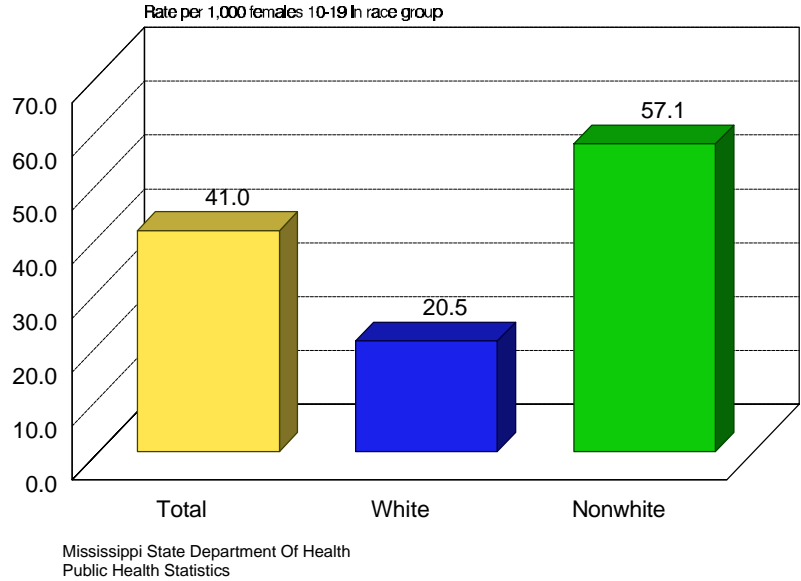
Of the 44,635 girls ages 10 to 19 in District V, 2,311 became pregnant in 1994. Those pregnancies resulted in 1,828 births, 443 abortions, and 40 fetal deaths.

The 1,828 births to District V teens include 823 babies born to girls ages 10 to 17. Of these, 766 were out-of-wedlock, 140 were low birthweight babies (less than 5.5 pounds), and 117 received inadequate prenatal care. Teenagers are more likely to delay prenatal care and to have low birthweight babies than older mothers.

During the 1994-1995 school year, 72 girls dropped out of school in District V because of pregnancy.

In FY 1994, Mississippi spent \$108,165,428 in AFDC, Food Stamps, and Medicaid on teenage childbearing. District V spent \$21,341,219 of this total.

Teen Fertility Rates by Race of Mother Public Health District V Mississippi, 1994



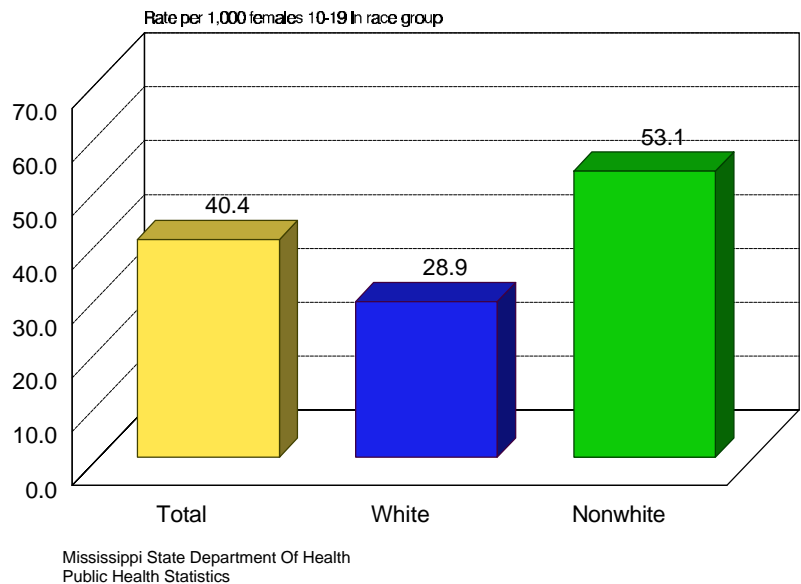
Of the 18,125 girls ages 10 to 19 in District VI, 856 became pregnant in 1994. Those pregnancies resulted in 732 births, 110 abortions, and 14 fetal deaths.

The 732 births to District VI teens include 311 babies born to girls ages 10 to 17. Of these, 259 were out-of-wedlock, 37 were low birthweight babies (less than 5.5 pounds), and 42 received inadequate prenatal care. Teenagers are more likely to delay prenatal care and to have low birthweight babies than older mothers.

During the 1994-1995 school year, 49 girls dropped out of school in District VI because of pregnancy.

In FY 1994, Mississippi spent \$108,165,428 in AFDC, Food Stamps, and Medicaid on teenage childbearing. District VI spent \$8,545,828 of this total.

Teen Fertility Rates by Race of Mother Public Health District VI Mississippi, 1994



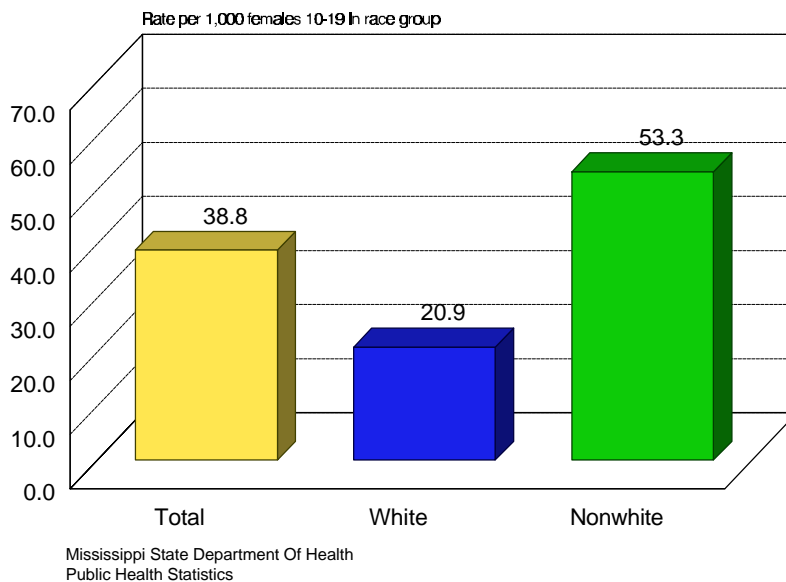
Of the 14,385 girls ages 10 to 19 in District VII, 622 became pregnant in 1994. Those pregnancies resulted in 558 births, 56 abortions, and 8 fetal deaths.

The 558 births to District VII teens include 241 babies born to girls ages 10 to 17. Of these, 224 were out-of-wedlock, 36 were low birthweight babies (less than 5.5 pounds), and 33 received inadequate prenatal care. Teenagers are more likely to delay prenatal care and to have low birthweight babies than older mothers.

During the 1994-1995 school year, 24 girls dropped out of school in District VII because of pregnancy.

In FY 1994, Mississippi spent \$108,165,428 in AFDC, Food Stamps, and Medicaid on teenage childbearing. District VII spent \$6,514,441 of this total.

Teen Fertility Rates by Race of Mother Public Health District VII Mississippi, 1994



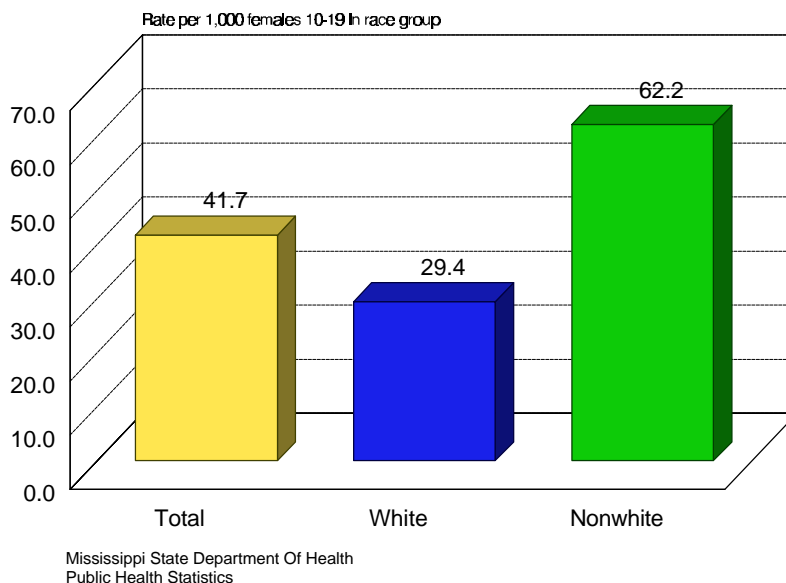
Of the 21,442 girls ages 10 to 19 in District VIII, 977 became pregnant in 1994. Those pregnancies resulted in 895 births, 73 abortions, and 9 fetal deaths.

The 895 births to District VIII teens include 377 babies born to girls ages 10 to 17. Of these, 298 were out-of-wedlock, 54 were low birthweight babies (less than 5.5 pounds), and 21 received inadequate prenatal care. Teenagers are more likely to delay prenatal care and to have low birthweight babies than older mothers.

During the 1994-1995 school year, 60 girls dropped out of school in District VIII because of pregnancy.

In FY 1994, Mississippi spent \$108,165,428 in AFDC, Food Stamps, and Medicaid on teenage childbearing. District VIII spent \$10,448,793 of this total.

Teen Fertility Rates by Race of Mother Public Health District VIII Mississippi, 1994



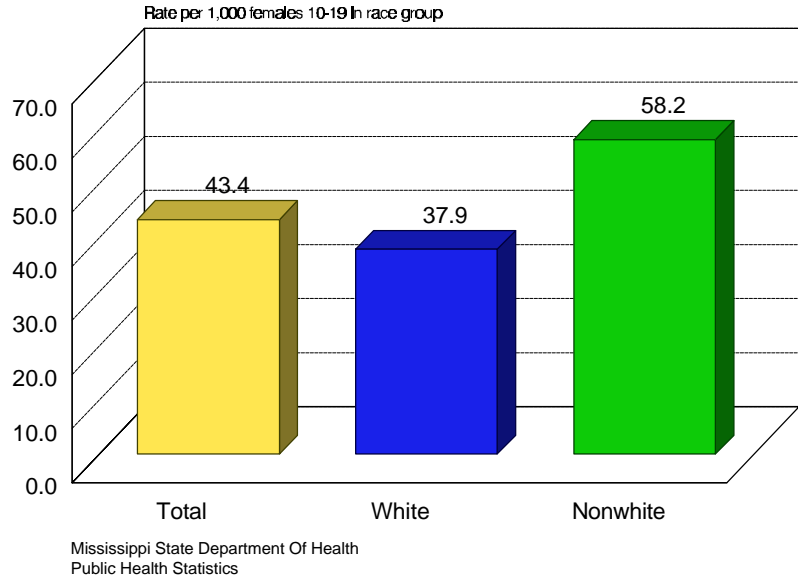
Of the 29,676 girls ages 10 to 19 in District IX, 1,446 became pregnant in 1994. Those pregnancies resulted in 1,288 births, 143 abortions, and 15 fetal deaths.

The 1,288 births to District IX teens include 542 babies born to girls ages 10 to 17. Of these, 444 were out-of-wedlock, 56 were low birthweight babies (less than 5.5 pounds), and 95 received inadequate prenatal care. Teenagers are more likely to delay prenatal care and to have low birthweight babies than older mothers.

During the 1994-1995 school year, 34 girls dropped out of school in District IX because of pregnancy.

In FY 1994, Mississippi spent \$108,165,428 in AFDC, Food Stamps, and Medicaid on teenage childbearing. District IX spent \$15,036,922 of this total.

Teen Fertility Rates by Race of Mother Public Health District IX Mississippi, 1994



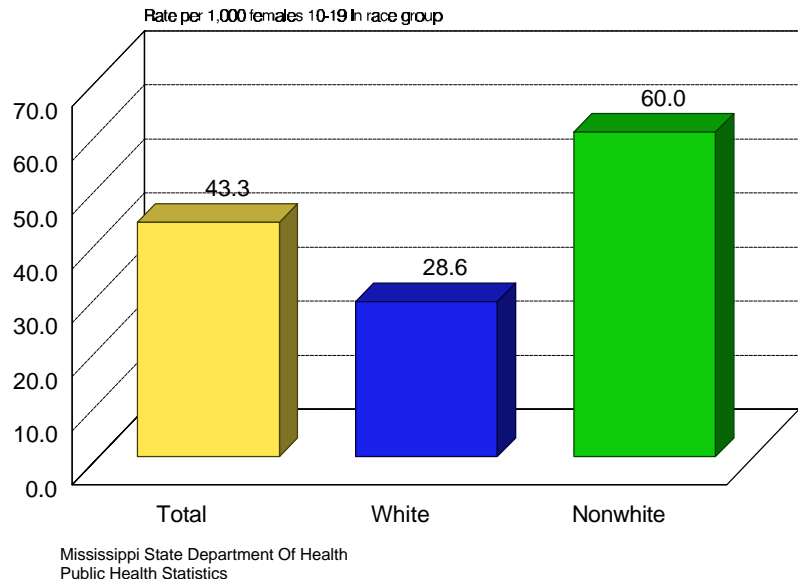
Of the 214,192 girls ages 10 to 19 in Mississippi 10,802 became pregnant in 1994. Those pregnancies resulted in 9,265 births, 1,399 abortions, and 138 fetal deaths.

The 9,265 births to Mississippi teens include 4,114 babies born to girls ages 10 to 17. Of these, 3,606 were out-of-wedlock, 562 were low birthweight babies (less than 5.5 pounds), and 525 received inadequate prenatal care. Teenagers are more likely to delay prenatal care and to have low birthweight babies than older mothers.

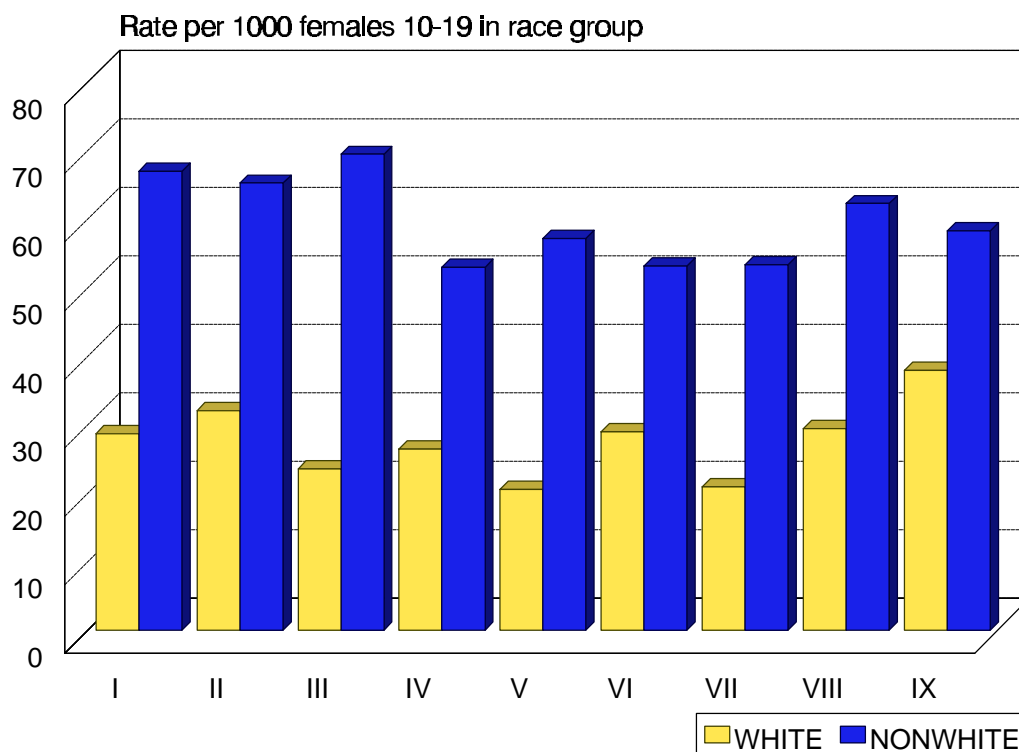
During the 1994-1995 school year, 428 girls dropped out of school in Mississippi because of pregnancy.

In FY 1994, Mississippi spent \$108,165,428 in AFDC, Food Stamps, and Medicaid on teenage childbearing.

Teen Fertility Rates by Race of Mother Mississippi, 1994



Teen Fertility Rates by Race of Mother All Public Health Districts Mississippi, 1994



Mississippi State Department of Health
Public Health Statistics

State of Mississippi Public Health Districts and Counties

Northwest Public Health
District I

Northeast Public Health
District II

Delta-Hills Public Health
District III

Tombigbee Public Health
District IV

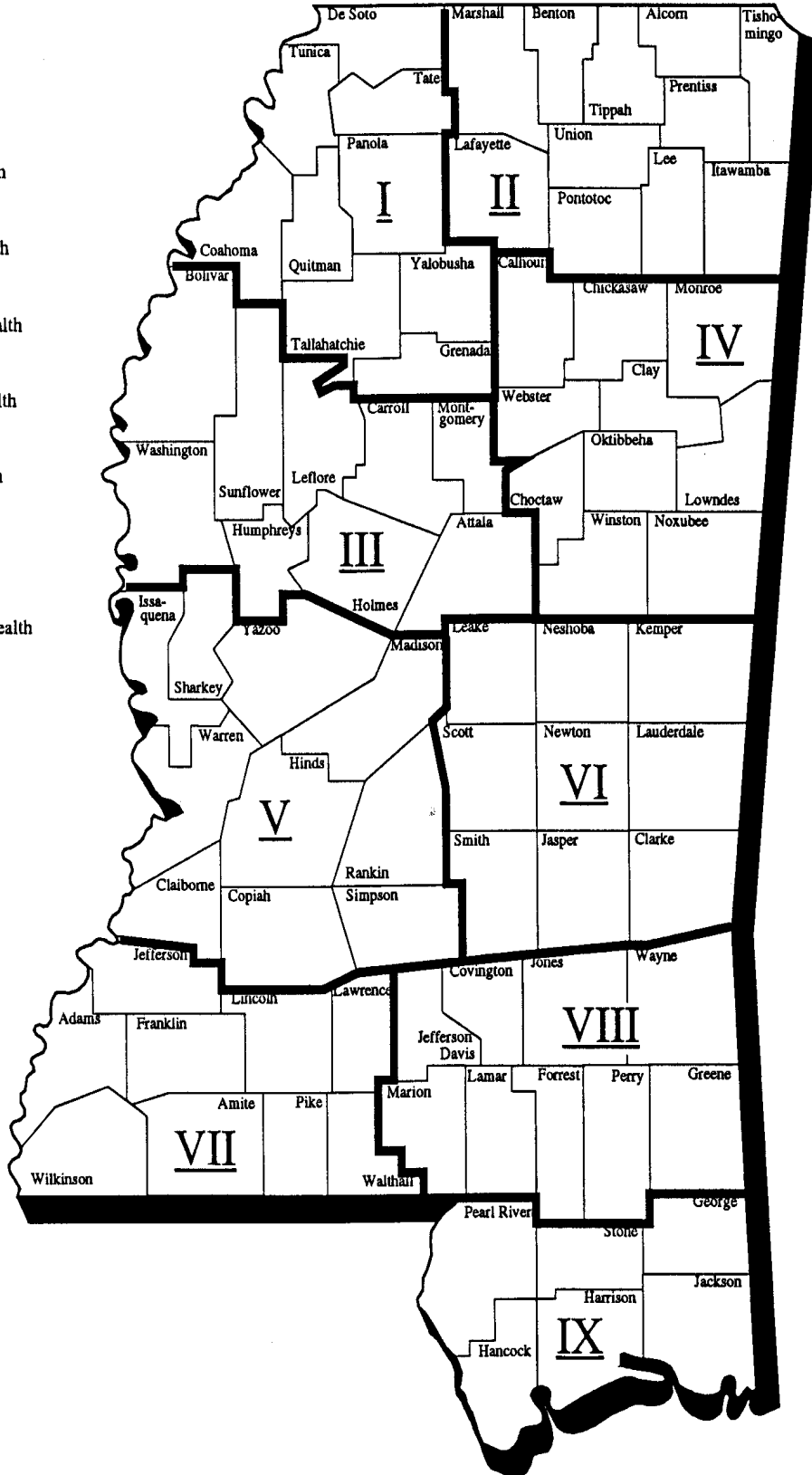
West Central Public Health
District V

East Central Public Health
District VI

Southwest Public Health
District VII

Southeast Public Health
District VIII

Coastal Plains Public Health
District IX



Conclusions

Problem: Teen Pregnancy

One fifth of all newborns in Mississippi are born to teens. They are

- More likely to be born to unmarried females
- Less likely to get prenatal care before the second trimester
- At higher risk of low birthweight
- More likely to receive public assistance
- At greater risk for abuse or neglect
- More likely themselves to become teen parents

Strategies: Preventing Teen Pregnancy

Most authorities on this subject conclude that the most effective interventions are

- Health education with emphasis on postponing sexual activity
- Teaching sexually active teens to practice effective contraception
- Providing convenient access to high quality contraceptive services for sexually active teens

Recommendations: Providing Services

Provide to those teens who do become pregnant such specialized services as

- Convenient access to quality prenatal care services
- Increased family planning efforts to prevent second births during the teen years
- Job training to break the dependency on public assistance programs
- Day care programs to enable teen parents to complete education and/or work
- School nurse or school-based clinic services

Additional copies are available upon request to:

Office of Health Communications
& Public Relations
Mississippi State Department of Health
Post Office Box 1700
Jackson, Mississippi 39215-1700

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