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Teenage Births in New Mexico

For almost half of the last century, teenage pregnancy has been the public concern for epidemiologists, social workers, educators, and policy makers. In 2003, the teen birth rate per 1,000 females of 15-19 years old in New Mexico was 62.7 compared to the U.S. rate of 41.6. According to the Kaiser Family Foundation, New Mexico had the 2nd highest teen birth rate in the country in 2003. And despite a decrease of 20% between 1990 and 2002 in the teen birth rate, from 78.2 to 62.4 per 1,000, teen pregnancy in New Mexico remains a concern. Additionally, the New Mexico Family Planning Program estimates that four out of five teen pregnancies are thought to be unintended, and that only 62% of teen pregnancies are believed to result in live births. [1-4]

Teen pregnancy is believed to stem from early school failure and behavioral problems, family dysfunction, and poverty. In addition, children born to teens are more likely to be low birth weight, be at higher risk for neonatal deaths and Sudden Infant Death Syndrome (SIDS), be at increased risk for child abuse and neglect, and experience behavioral and educational problems.[5-6]

This issue brief discusses the recent evidence and latest trends in teen births in the state, explores some of the possible reasons for the changes, and discuses the future public health implications. Lastly the brief suggests that, in response to changing demographics and new evidence, our public policy addressing the needs of birthing teens and the communities and systems they rely on, also needs rethinking.

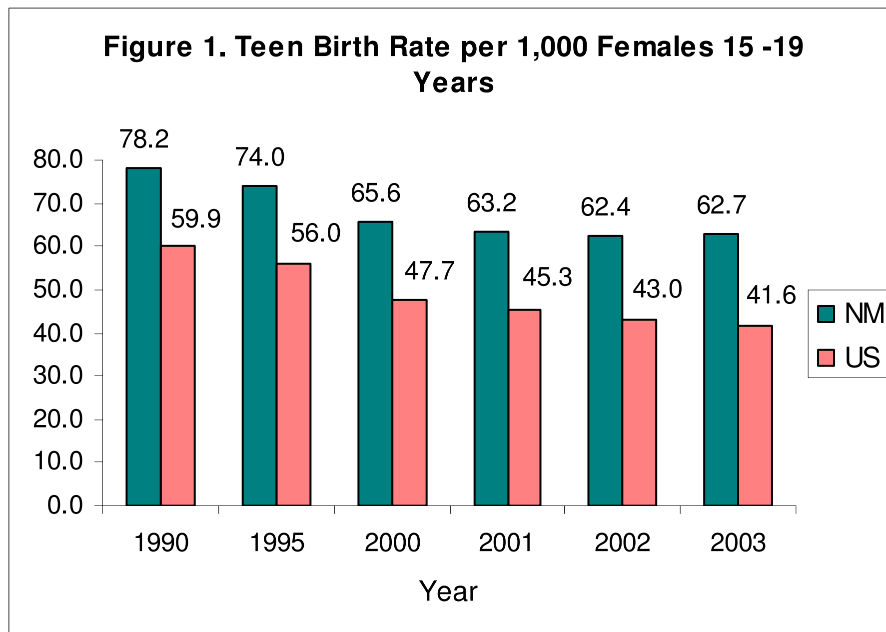


Figure 1 and Table 1 Sources: Sutton PD, et.. al.., Trends in Characteristics of Births by State: United States, 1990, 1995, and 2000-2002, Table 4, National Vital Statistics Report, Vol. 52, No. 19., May 10, 2004, Martin JA, et. al., Births: Final Data for 2003, Table C, National Vital Statistics Report, Vol. 54, No. 2, September 8, 2005.

TEENAGE BIRTH RATES

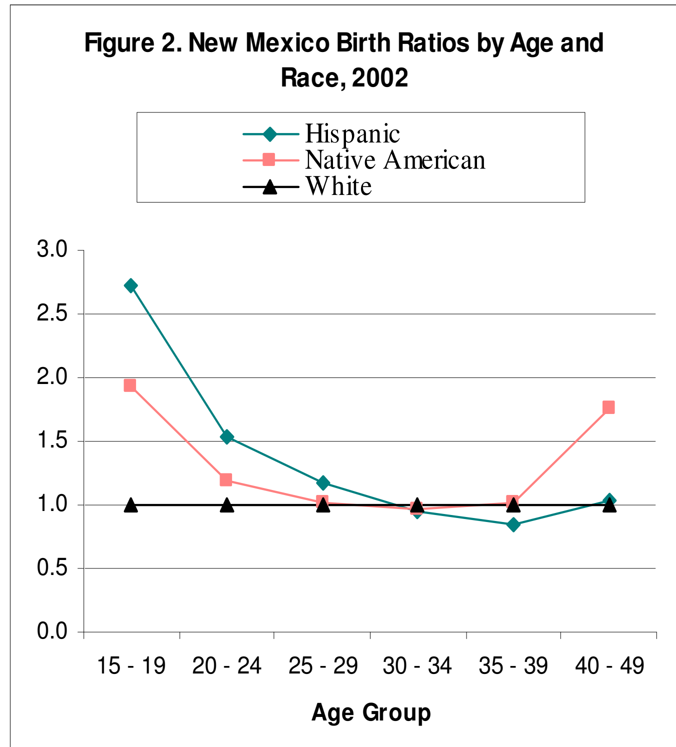
Our evidence about pregnancies is inferred from vital statistics data about live births, with annual rates calculated as the number of births per 1,000 women in a particular group of interest. Teen births are defined as births to women between the ages of 15 and 19 years. Teen births, along with those to older women vary by race and ethnicity. These data are reviewed for recent patterns and changes since 1990.

What do the statistics show? For both New Mexico and the nation, birth rates for teen mothers have generally declined over the last several decades.[2] In 2003, there were 62.7 births per 1,000 teen women in New Mexico compared to 41.6 per 1,000 in the U.S..

However, a closer look at the data (Table 1) reveals that teen birth rates and trends in New Mexico differ among major racial and ethnic groups in our population. By far the smallest decline in teen births has occurred among Hispanic teens with an overall decrease of 14% compared to decreases of more than 30% for the other groups.

Table 1. New Mexico Birth Rates for Women 15-19 by Race and Hispanic Origin of Mother

Year	Race and Hispanic Origin			
	Non-Hispanic White	Non-Hispanic Black	Native American	Hispanic
2002	32.4	44.2	65.7	83.8
2001	36.4	58.9	61.2	83.3
2000	39.1	68.3	62.9	85.3
1995	44.8	79.5	86.8	94.3
1990	51.4	100.4	97.8	96.9
Change, 1990 - 2002	-37.0%	-56.0%	-31.8%	-13.5%



Note: Rates are per 1,000 females in specified age and race groups.

Sources: Bureau of Business and Economic Research (BBER), University of New Mexico and New Mexico, Bureau of Vital Records and Health Statistics.

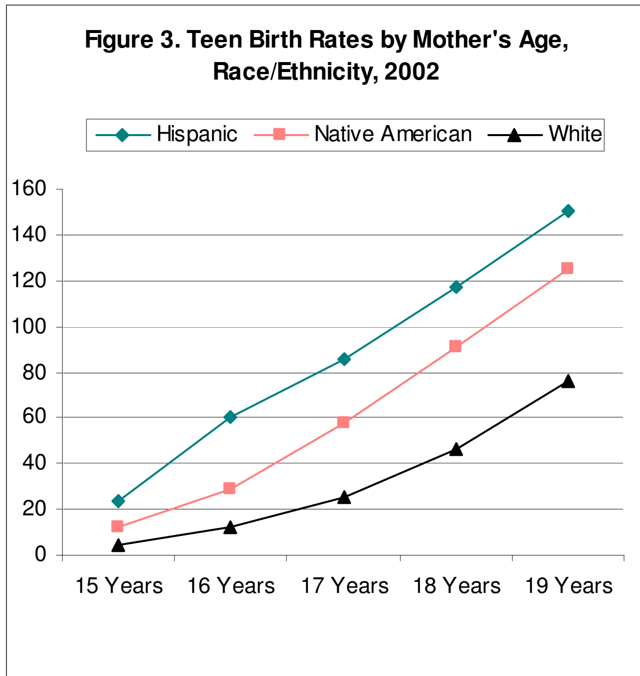
Although teen birth rates have been declining, the increasing differences between the groups underlie the public health concern. And when we expand our focus, it becomes apparent that these differences in birth rates by race and ethnicity are not limited to teenage women. Figure 2 shows the birth rates for the major racial/ethnic groups in New Mexico for age groups between 15 and 44 years in 2002. Differences in birth rates are presented as ratios of the non-Hispanic White; that is rates for other groups are divided by the non-Hispanic White teen birth rate. The non-Hispanic White rate is displayed as a constant value of 1.0, a horizontal line, allowing for an easy comparison among groups across age categories.

Both the Hispanic and Native American groups have substantially higher birth rates in the 15-19 age range than the non-Hispanic White group. The birth rate difference for Hispanic and Native American women exists until age 30, when the rate are relatively equal. Same differences are also apparent among older women.

If we examine teen birth rates for each year of age from 15 through 19, we see that rates increase each year for all groups. (Figure 3) And judging by the slopes of the lines, birth rates for Hispanic and Native American teens are higher and increase more rapidly across these years. Still among Hispanic teens in 2002, 60% of the 2,945 births occurred among women aged 18 and 19, while 67% occurred for Native American teens (624 births), and 73% for White teens (831 births), showing that the majority of teen births occur among women beyond the high school age, where the differences in rates are also the greatest.

How does this change our view of the problem of teen pregnancy?

Perhaps teen pregnancy is too limited a perspective. That focus seems to assume that these pregnancies result largely from behavioral factors (mistakes, carelessness, lack of knowledge, etc.) That explanation may apply to many teen births, but is less convincing for older, more experienced women, where the non-White birth rates continue to be 50-100% higher. As a population, Hispanics and Native Americans in New Mexico are characterized by high rates of natural (birth) increase, are young growing populations, and higher birth rates may not be viewed the same



Note: Rates are per 1,000 females in specified age and race groups.

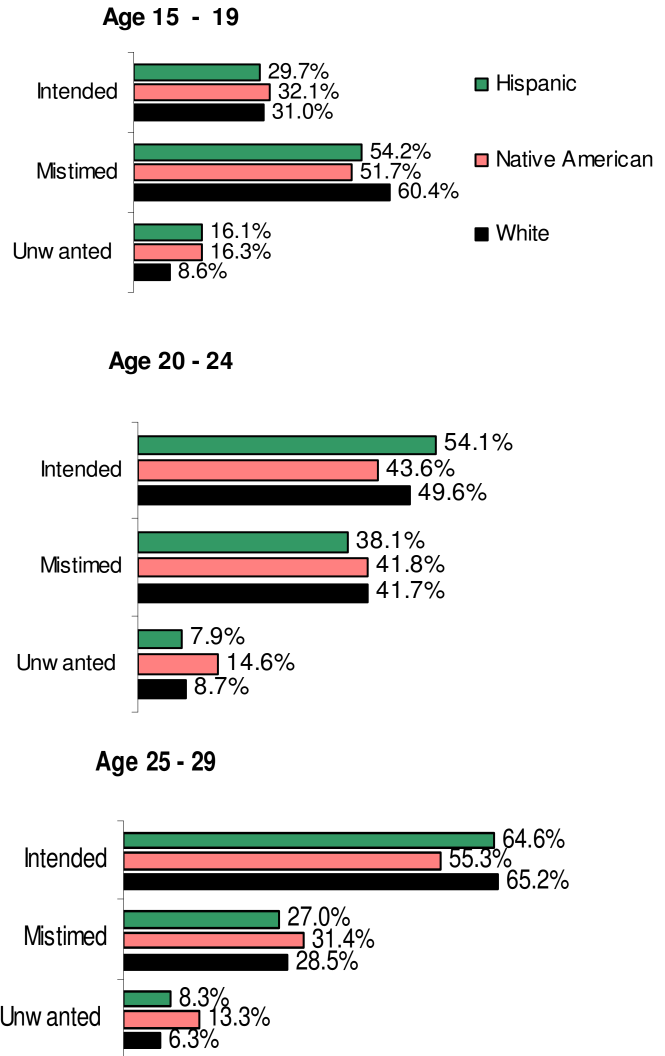
Sources: Bureau of Business and Economic Research (BBER), University of New Mexico and New Mexico, Bureau of Vital Records and Health Statistics.

way as in the White population. Different racial/ethnic groups are likely to have different attitudes and perceptions regarding teen births. A public health response needs to reflect the complexity of these patterns of birth to be effective. An important source of insight may come from examining how teen mothers characterize their pregnancies.

INTENTIONALITY

The New Mexico Pregnancy Risk Assessment and Monitoring System Program (PRAMS), which surveys a sample of new mothers each year, provides some data about intention and pregnancy. The survey asks if the pregnancy was intended (wanted sooner or at the time of conception), mistimed (wanted later), or unwanted (not wanted then or ever). These data allow some comparisons of intentionality across age and race/ethnicity among New Mexico women.[4]

Between 1997 and 2002, teen women reported essentially the same proportion (about 31%) of pregnancies as 'intended', regardless of race and ethnicity. Reported 'unwanted' pregnancies were a much smaller percentage, with about 16% for Native American and Hispanic teens versus 8.6%



Note: N= 8, 436 pregnancies.

Source: New Mexico PRAMS.

for White teens (although this was not a statistically significant difference in this sample). To put this in perspective, an 8% reduction in 'unwanted' pregnancies among Hispanic teens (to the level for White teens) would represent a reduction of 236 births in 2002, with a resulting birth rate of 79.7/1,000, still 2.50 times that of White teens. Relatively higher birth rates of Hispanic and Native American women before age 30 may not result from differences in the intention of pregnancy. In fact, if we count only the 'intended' births among Hispanic teens, the resulting birth rate (29.7 % x 86.6) is 25.7, equal

to more than 80% of the birth rate for all White teens unwanted, mistimed and intended. Family planning efforts may be expected to have a similar impact among these groups of young women, but are unlikely to alter the persistent differences in birth rates.

FUTURE PUBLIC HEALTH IMPLICATIONS

While individual attitudes and behaviors represent a pathway to pregnancies and resulting birth rates, the rates we observe in New Mexico may be more a population phenomenon than an individual one. The dynamics of New Mexico demographics have critical implications for a strategic public health response.

#1 The number of births to teen women in New Mexico will continue to be high.

The numbers of White teen women have been declining in recent years, from 27,460 in 1998 to 25,745 in 2002: but, the numbers of Hispanic and Native American teen women increased during this period by 8% and 22%, respectively. Reductions in the rates of teen births will be offset by growth in the number of Hispanic and Native American teen women in the state. Efforts to curb teen births will be challenged by the changing demographics of New Mexico; disparities in teen birth rates are likely to increase.

#2 The proportion of births to women living in poverty, having less education, and dependent on public resources will increase in upcoming years.

New Mexico's population is increasingly non-White, largely because of the growing numbers of young Hispanics and Native Americans, a trend that will likely continue as the result of birth rates in these groups. In 2003, 56% of all births in New Mexico were to Hispanic women. Some counties in the state record 2 - 3 births for each death annually.[7]

In 2000, 25.5% of New Mexico children under age 18 lived below the federal poverty level, compared to 16.2% for the US.[7] New Mexicans with the fewest economic resources represent the fastest growing portion of the state's population. Approximately 28% of all Native Americans and 23% of all Hispanics live below poverty compared to 10.6% of non-Hispanics Whites. Poverty is thought to influence available choices and inclination to plan regarding pregnancy.[8]

#3 Prevention of teen pregnancy, in particular, should continue as a public health priority.

Among women 15 –19 years, especially non-White teens, 1 in 6 births is unwanted, and 3 in 6 are mistimed. These young women represent what should be a receptive audience for family planning services. And the data suggest that these programs can also meet the needs of women aged 20 –29, where nearly half of all births are mistimed or unintended. These and future insights into the attitudes and perspectives of women and their families can aid public health efforts to reduce unintended births in New Mexico. In addition, addressing the educational and economic opportunities for teen women may be critical in increasing the impact of family planning programs in the state.

#4 This growing population of young mothers, infants, and children will place increased demands on healthcare and public health resources in future years.

In 2000, 54.5% of all births in New Mexico were paid for by Medicaid and 5% by Indian Health Service.[7] The New Mexico Women, Infants and Children program serves more than 60,000 clients statewide each month.[9] High school graduation rates continue to decrease in New Mexico (nearly 17% lower in 2003 compared to 1990.)[7] A recent study estimated the cost of teen birth at $300-$400 million per year in New Mexico.[10]

All members of new families created by teen parents are likely to require some form of public services to become independent and financially self-sufficient. Declining birth rates, especially those among teens, are a positive sign but should not be interpreted as the signal for reductions in Medicaid, WIC, family planning, and other vital public health infrastructure.

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