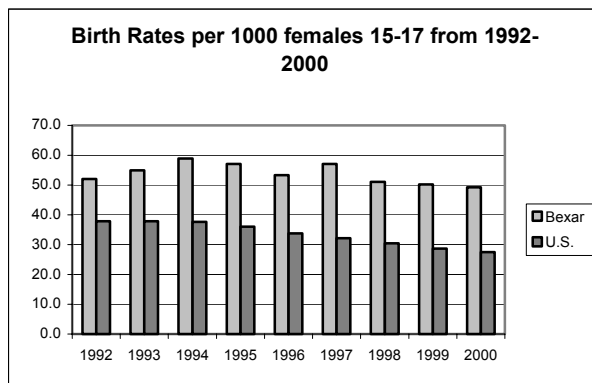


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Although the incidence of teen pregnancy and teen birth has decreased in recent years, Bexar County continues to experience rates alarmingly higher than the national rate. Teen pregnancy has serious ramifications on the health and well being of both the mother and the child. Furthermore, teen pregnancy has greater implications that are felt society-wide, as the burden of care is often difficult for young, single mothers.

The San Antonio Metropolitan Health District (SAMHD) reports that in 2000 there were 1,593 reported births to girls under 18 years of age in Bexar County. Although the actual incidence decreased from 59 births per 1000 females age 15 to 17 in 1994 to 49 births per 1000 in 2000, these rates continue to far exceed national rates (SAMHD, 2002).

In fact, the 2000 rates were nearly 80% higher than the national rate of 27.5 teen births per 1000. For the youngest group measured, girls under 15, the teen birth rate in Bexar County was 2.0, more than twice the national rate of .9 teen births (SAMHD, 2002). Bexar County teen pregnancy rates are also substantially higher when compared to the rest of Texas. The chart below illustrates the incidence of teen births comparatively between Bexar County and the rest of the United States.



Comparing births to teen girls by ethnicity, SAMHD reports that the frequency of teen births among Hispanics are far greater than among Non-Hispanic Whites, 67.1 compared to 16.1, respectively. This is a staggering rate that is four times higher for Hispanics than Whites, and a rate that is three times higher than the national rate. Blacks also have a rate higher than Whites: 42.3 per thousand (SAMHD, 2002). Additionally, Bexar Hispanic rates are higher than national Hispanic rates, whereas Bexar County Black and Non-Hispanic White rates are lower than national rates for the same ethnic groups.

School District	Total Births to girls age 15-17	Birth Rate to girls 15-17 (per 1,000)
Edgewood	149	117.1
San Antonio	593	103.9
Southwest	82	88.9
South San Antonio	80	80.8
Harlandale	114	78.8
Northside	242	32.2
North East	176	31.6
Alamo Heights	10	20.9
Bexar County Total	1,593	Average = 49.3

Patterns for teen births have shown that the greater incidence occurs in low-income areas with a high Hispanic population. In their study of teen birth rates, the SAMHD compared rates by school district. The following table lists some of the school districts with the highest and lowest reported birth rates for girls between the ages of 15 and 17 reported in 2000 (SAMHD, 2002).

When teens do become parents they face overwhelming challenges and risk factors that expose the teen and the teen's child to tremendous stress and health complications. One of the key factors that affect the health of both the mother and the unborn child is the fact that expectant teens are less likely to receive prenatal care (Weiss, 2002). According to a 1999 CDC report, nearly 20% of expectant teen mothers receive adequate prenatal care (Bloomquist, 2000).

Since teen mothers tend to be twice as likely to have children that are low in birth weight and born prematurely than non-teen mothers (Trad, 1999), two complications that can have long-term health consequences, the lack of prenatal care is even more critical. Problems such as cognitive delays, brain damage, underdeveloped organs, and vision and hearing deficits are all related to low birth weight and premature birth (Bloomquist, 2000).

In a study by the Texas Department of Health of children of younger mothers, mothers under the age of 20, it was shown these children have the highest risk of defects in their extremities and microcephaly, a defect characterized by an abnormally small head and indicates delayed mental development (Texas Department of Health, 2000).

Teen mothers also tend to experience a greater prevalence of health risks than their non-pregnant peers or older pregnant women. For example, expectant girls under the age of 15 experience a 2.5 times greater risk for maternal death than expectant 20-24 year old women (www.teenpregnancy.org, 2002). Additionally, teen mothers tend to suffer from depression more so than their non-mother peers or older mothers (Hudson, 2000).

McCullough (1998) reports that adolescent parents are less likely to finish high school, attend college, find stable employment, marry, or be self-supporting than those who have children later. She adds that adolescent parents are faced with the challenge of providing for their own children when they are barely out of

childhood themselves. In fact, two-thirds of the children of teen mothers live in poverty (Trad, 1999). Because of their lack of maturity and development, teen parents often lack proper parenting skills to provide proper nurturing and support for their children (March of Dimes, 2002). According to teenpregnancy.org (2002), 110 reported incidents of abuse per 1,000 families headed by teen mothers as compared to 50 per 1,000 families headed by mothers who waited to have children until they were in their twenties.

The challenges faced by the children of teen parents often manifest themselves as cognitive delays or deficiencies. These children are often at increased risk for intellectual problems including mild retardation, using fewer vocalizations than other children, and measuring lower on several developmental scales (Somner, 2000). Furthermore, children of teen mothers are also reported to show signs of aggressiveness and behavioral and academic problems in later years (McCullough, 1998; Somner, 2000).

The National Campaign to Prevent Teen Pregnancy (2000) reports that sons of teen moms are 13% more likely to end up in prison while teen daughters are 22% more likely to become teen moms themselves. Much of the risk for emotional, developmental and cognitive problems can be directly associated to abuse or neglect, simply as a result of a teenager's uncertainty about the care of their child. (American Academy of Child and Adolescent Psychiatry, 2000).

Multigenerational living arrangements for a teen mother or "co-residing" [when the teen parent lives with both her own child and her own parent(s)] can sometimes provide great benefits for the adolescent and her child (Kalil, 2000). These living arrangements may help teens have more opportunity to continue pursuing additional education; reduces the likelihood of poverty, premature marriage, and repeat pregnancy; may foster more positive parenting practices, thereby potentially improving the home environment for both the teen and her

child. Co-residence, however, is also accompanied by many challenges. Teen parents are often still developmentally striving to gain autonomy and the new baby may become the focus of this struggle with both teen mom and grandmother often attempting to force their own parenting style and expectations on to the new baby. Conflicts may also arise around the issue of child-care and other household responsibilities.

For these reasons and for the many stressors associated with teen pregnancy and teen parenthood, many teen moms may become ostracized from their family and become homeless or runaways. With the added stressors of homelessness or isolation from friends and family, many teen moms may become affected by substance abuse or depression. However, studies have show that strong social support, either from family members, parenting programs, or social support networks, can offset many of these risks.

Because of the developmental needs of teen moms' infants and children, opportunities to help the mother form healthy attachments increase the likelihood of developmental successes for both the child and the mother. When a young mother receives encouragement, guidance and support along with basic care, safety and shelter they are more likely to become better mothers and continue their successful efforts with their own developmental struggles. For some teen mothers or expectant teens, a temporary place to stay while the teen and/or her own family resolve their own emotional issues related to acceptance of the teen pregnancy is all that is needed. For others who may need longer term care, programs may offer an array of services to address the multi-faceted issues affecting a young mother. The availability of social services, child-care, transportation, continued education, substance abuse and other counseling, parenting education, and vocational training increases the likelihood that the young mother will experience a degree of stability to fulfill her own and her child's developmental and emotional needs. Teen parenting programs give young mothers a

reference group and also help to relieve them of child care duties. These programs also provide less intrusive opportunities for social programs to offer help to young moms. These programs also offer support and guidance to help monitor both the teen parents and the child's physical wellbeing and emotional development.

Research on the effectiveness of teen pregnancy prevention has been quite varied. Several studies have shown that sexual education, HIV education and making condoms available does not increase sexual behavior. Research on the effectiveness of abstinence only programs has been mixed according to the NCPCT (2000). The New York Times (2001) reports that programs that offer comprehensive services seem to be most effective in impacting reduction of pregnancy and childbearing, delaying sex, and increasing the use of contraception; and that reduction in teen pregnancy is also cited as one of the most efficient ways to improve overall child well-being, and reduce persistent child poverty.

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