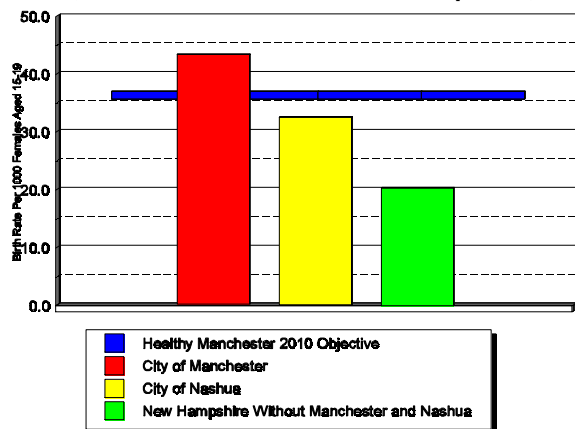




City of Manchester Department of Health ADOLESCENT PREGNANCY REPORT CARD

Adolescent Childbearing

Birth Rate Per 1000 Females Aged 15-19 Years Old
Manchester, Nashua and All Other New Hampshire, 1998-2002



HEALTHY MANCHESTER 2010 OBJECTIVE: Reduce births to adolescents aged 19 or younger by 33% or to no more than 36.0 per 1000 females aged 15-19 years old.

On average, the City of Manchester has consistently experienced approximately 145 babies born each year to adolescent and teen mothers; this figure is analogous to the size of a small elementary school in most cities and towns throughout the State.¹ In addition, many of Manchester's adolescent mothers are younger (aged 17 and younger vs. 18 and 19 year olds) at the time of their delivery suggesting that prevention efforts need to be directed at an earlier age in child development. Over 38% of Manchester's high school students report ever having sexual intercourse.² Of those who report having had sexual intercourse, 14% report first having intercourse at age 12 or younger.² Primary prevention of adolescent pregnancies in the community not only includes averting new adolescents from becoming parents before their time but also will potentially have far reaching impacts such as the reduction of STD and HIV/AIDS cases, and other poor health and social outcome measures among youth.

Children born to adolescent moms are far more likely to be physically abused, abandoned, or neglected and will experience greater difficulty in school. Problems continue for these children as they grow up; they are more likely to drop out of school, lead an unproductive life and have poorer health throughout their lifetime. In Manchester, young mothers aged 19 and younger are twice as likely to be unmarried (86%), use Medicaid to pay for their delivery (50%), use tobacco during pregnancy (30%), have late or no prenatal care (5%), and experience low birth weight births (12%) as compared to mothers aged 20 and older.¹

Births to Females Aged 19 or Younger (1998-2002)*¹

	1998	1999	2000	2001	2002
City of Manchester	164	139	132	134	145
City of Nashua	84	82	92	86	74
New Hampshire	1102	1001	998	920	882
% of State Teen Births which were Manchester Teen Moms	14.9%	13.9%	13.2%	14.6%	16.4%

New Hampshire is one of only three states in the nation that collects abortion data solely on a voluntary basis, in the absence of a legal requirement. As a result, researchers must estimate the number of teen pregnancies, which includes abortions and fetal losses, assuming national trends. The Alan Guttmacher Institute estimates that for every baby born to a teen mother in New Hampshire, there are an equal number of teen pregnancies that do not result in a live birth.³

WHO PAYS? National statistics indicate that 80% of young mothers and their children end up in poverty and reliant on public assistance programs. Very few of these mothers complete high school. Applying national rates to Manchester figures indicate that \$39,000,000 per year in State welfare benefits are spent for Manchester families that began as a result of a baby born to a teenager.⁴ A reduction of 20% in adolescent births in Manchester would conservatively result in \$8-12 million governmental cost savings in 5 years, with total savings increasing by \$2 million per year thereafter.⁴



WHAT WORKS? RECOMMENDATIONS FOR THE COMMUNITY:

- Expand Current Comprehensive School-Based Health Education.** Components should include comprehensive, age-appropriate health education, decision-making skills training, development of healthy lifestyles education to all grade levels, and information for parents on how to communicate with their children about human sexuality and family values.⁴
- Develop a Peer Education Program to Promote Abstinence and Postponing Parenthood.** Paid peer educators should educate fellow teens about the disadvantages of early sexual activity, early parenthood and the importance of remaining in school.⁴
- Develop a Comprehensive Services Program for High-Risk Youth.** Targeted at middle-school level, services should include early identification through screening and outreach to youth out of school, tutoring and homework assistance, primary health care, job skills training and mentoring.⁴
- Develop and Enhance Quality After School Programs.** Research has shown that after school hours between 3:00-6:00 p.m. are the most common time for adolescents to engage in sexual intercourse and other risky behaviors.⁴ Such programs would include recreational activities, tutoring, mentoring, community service and other activities.
- Increase Access to Adolescent Health Services,** including mental health services. Some adolescents will become sexually active in spite of efforts to promote abstinence and the delaying of the initiation of sexual activity by teens. Appropriate health care services, including contraceptive services, should be accessible to sexually active teens.⁴
- Expand Home Visiting Programs.** Develop and expand evidence-based home visiting programs specifically designed to meet the unique needs of high-risk new mothers and repeat teen mothers.⁴
- Expand the Involvement of the Faith Community in Youth Development.** The presence of strong religious beliefs has been shown to delay the age of initiation of sexual activity.⁴

RECOMMENDATIONS FOR THE INDIVIDUAL:

- Get Involved.** Parents need to be involved with their children. Resources such as the "Ten Tips for Parents to Help Their Children Avoid Teen Pregnancy" (visit www.teenpregnancy.org) should be broadly disseminated throughout the community.⁵
- Access Health Care.** Ensure that adolescents and teens routinely visit their health care provider for age-appropriate recommended screening, counseling and wellness visits.
- Support Youth Programs.** Communities must join together in an effort to provide more opportunities for adolescents. Donate, volunteer, mentor a child, advocate for additional funding for youth services, or offer leadership in local planning efforts.



FOR MORE INFORMATION ON HOW TO DECREASE ADOLESCENT CHILDBEARING IN THE MANCHESTER COMMUNITY, PLEASE CONTACT:

- ✓ School Health Advisory Council, Manchester Health Department (603)624-6466
- ✓ Healthy Manchester Leadership Council, Manchester Health Department (603)624-6466