

Says:

Another Chance: Preventing  
Additional Births to Teen Mothers

Although the total teen birth rate in the U.S. has declined dramatically in the last decade, the news is not as encouraging regarding teen mothers. In 2002, there were nearly 89,000 births to teens who were already mothers, representing 21 percent of all births to teenagers. In fact, nearly one-quarter of teen mothers have a second birth before age 20. Given that these young women already must confront the challenges of caring for their first child—often alone and with little or no help from the child's father—it is surprising that so many of them have a second child relatively quickly after the first. This pattern raises questions about the factors driving this trend and about what it will take to reduce the rates of second and higher order births to teenagers.

This Science Says research brief offers some answers to these questions. It is based on findings from the National Campaign publication, *Another Chance: Preventing Additional Births to Teen Mothers*, written by Lorraine Klerman, Dr.P.H.<sup>1</sup> More specifically, this brief describes what is known about additional births to teen mothers, including the dimensions of the problem; the factors that seem to increase the chances of such births occurring to teen mothers; the consequences; and the potential for prevention. Based on reviews of 19 studies of teen pregnancy prevention programs, it also summarizes research findings regarding “what works” to prevent additional pregnancies and births to teen mothers and makes recommendations for building those components into ongoing prevention efforts.

**What Research Shows:**

**Teen Mothers and Second and Higher Order Births**

- In 2002, 21 percent of all teen births—nearly 89,000—were to teens who were already mothers.
- The rate of *first* births was 34.0 per 1,000 girls aged 15 to 19; the rate of *second* births was 7.5 per 1,000; and the rate of *third* births was 1.2 per 1,000.
- According to 1998 data from the National Educational Longitudinal Study (NELS), 22–30 percent of teen mothers under age 18 had a second birth within 24 months of their first birth.
- The vast majority of teen girls are not married at the time of their first birth, and very few marry after becoming mothers. In 2001, 81 percent of *first* births to teenagers were non-marital, as were 72 percent of second and higher order births. The younger the mother, the greater the likelihood that the birth will be non-marital.

<sup>1</sup> The complete report and an executive summary were published earlier this year by the National Campaign to Prevent Teen Pregnancy and are available at [www.teenpregnancy.org](http://www.teenpregnancy.org).

## What Factors Contribute to Subsequent Births Among Teen Mothers?

In an effort to better understand why nearly a quarter of teen mothers have a second birth by age 20, several studies have compared the characteristics of teenagers who had only one birth with those who had a second one. Although their conclusions are not identical, they offer some interesting insights.

**Age and Race/Ethnicity:** The National Longitudinal Study of Youth (NLSY) of 1979 and NELS differ regarding the importance of age at first birth and the significance of race. Some of the non-nationally representative studies suggest that having a child at a younger age increases the likelihood of a second birth during the teen years. Regarding race, there is some indication that black and Hispanic teen mothers are more likely to have a closely spaced birth than are white teen mothers, although the association is not very strong when controlling for other factors.

**Marital Status:** Teens who are married at the time of their first birth or who marry soon thereafter are more likely to have a closely-spaced second birth than teen mothers who remain unmarried. Teen mothers who are living with a boyfriend, spouse, or adult other than a parent also are more likely to have a second and/or closely-spaced birth than those who live with a parent or alone with their child. Even when they are unmarried, teen mothers who live in situations where the child's father provides childcare are more likely to have an additional birth.

**Poverty:** Neither the NLSY study nor the NELS study found poverty to be a major contributing factor for subsequent teen births. Some of the smaller, non-representative studies did find an association between low socioeconomic status and additional births.

**Education:** Teen mothers who stay in school and who receive high school degrees or GEDs are more likely to postpone another birth. A recent study suggests that low cognitive ability is associated with having a second birth before age 20. In fact, girls with low cognitive ability are almost three times more likely than those with high cognitive ability to have a second birth as a teen. Lower educational expectations also are associated with having an additional birth.

**Intendedness:** Research indicates that nearly 80 percent of teen pregnancies are unintended. According to the NLSY, a teen mother who reported that she wanted her first birth was more likely to have a second birth as a teenager.

## What are the Consequences of Additional Births to Teens?

A closely-spaced birth to a teen mother appears to be associated with detrimental consequences for the mother, for the outcome of the second pregnancy, and for her children.

For the mother, an additional birth is associated with reduced ability to complete her education or to attain economic self-sufficiency. There also may be an increased risk of preterm

delivery, low birthweight, and infant mortality, although the evidence in these areas is mixed. It may be that teen mothers tend to initiate prenatal care later with subsequent pregnancies.

The children of these teen mothers are more likely to have reduced educational achievement and behavioral problems—problems that may be explained, in part, by the inadequate education of the mothers themselves or by the poverty and lifestyle of the family as a result of school failure and the inability to secure employment. The exact period during which having a second child may worsen child well-being is uncertain, but it may well be before the first child reaches age two.

## What Does Evaluation Research Say About Programs for Preventing Additional Births to Teen Mothers?

The results of the evaluation literature reviewed in *Another Chance* are mixed. More than half of the 19 studies that were included reported that they had been able to significantly postpone additional pregnancies or births to teen mothers for some time period. However, only three of the studies showing significant positive effects were based on randomized, controlled designs—two home visitation programs and one program in a medical setting. Moreover, the size of the effects was often small. With the exception of the studies of teens who used a contraceptive implant, few programs that have been carefully evaluated have reduced the

percentage of additional births in the two years after the first birth to less than 20–25 percent. This is close to what would have been expected without an intervention.

Even so, the program evaluations point to several factors that may be especially important in programs trying to prevent additional births to teen mothers:

#### **Service Location and Type.**

*Another Chance* examined evaluations of different types of programs, including multi-site, community-based programs; programs in medical settings; school-based programs; home-visiting programs; contraceptive implant programs; and a few miscellaneous others. No single site or approach seems significantly better than any other. Rather, the most important factor in preventing subsequent pregnancies may be the strength of the relationship between the teen mother and the individual working with her. For instance, home-visiting programs may encourage strong relationships because of the relatively long interactions and because the home environment may be less stressful than medical clinics, schools, or community-based agencies. Even so, it may be possible to build close relationships in these institutional settings if sufficient time, privacy, and continuity can be assured.

**Program Personnel.** The background of the individual who works directly with the teenager may also make a difference. For example, home-visiting programs that employ trained nurses appear to be more successful in reducing additional births to teen mothers than those that used workers with prima-

rily on-the-job training. Perhaps paraprofessionals, unless they are exceptionally well trained, lack the confidence and authority to affect the behavior of the teen mothers.

**Service Initiation and Length.** It may be easier to build close relationships between teens and program personnel if contact begins during pregnancy—a time when the teenagers may be under less pressure than after the infant is born. Longer-term involvement in a program may also contribute to postponing additional births among teen mothers.

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**Major Emphasis.** Many of the evaluated programs were primarily concerned with healthy pregnancies and infants, returning young mothers to school, and high school graduation, rather than secondary prevention. With the possible exception of the nurse home visitation programs—which emphasized maternal and child development—the major emphasis of the programs did not seem to make a difference in their effectiveness in preventing additional pregnancies or births.

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#### **Incentives and Disincentives.**

Several programs offered modest financial incentives for avoiding pregnancy, while others used financial penalties for program non-participation. Neither condition provided positive results.

**Attention to Family Planning.** The amount of time and effort devoted to family planning varied, and it is difficult to determine how much of a difference it made. Programs that provided contraceptive implants were successful in reducing additional births to teen mothers, but these studies were based on self-selected populations. With the exception of the nurse home-visiting programs (nurses might be more comfortable discussing contraceptives), other programs with a major family planning focus were not successful.

**Fidelity of Implementation.** Some programs may not have shown positive results because of their inability to actually carry out the proposed interventions, rather than because the interventions themselves were not effective. Teen mothers are often difficult to engage in programs. For instance, some programs reported that teen participants did not attend sessions for which they were enrolled or skipped scheduled home visits. Other programs reported that some staff completed fewer home visits than expected.

**Other Measures of Success.** Even the programs without positive results in preventing subsequent births should be placed in context. Many of the programs that did not claim “success”—as well as some that did—reported success elsewhere, including better rates of returning young mothers to school and graduating, or improved mother-child relationships.

## What it all Means

Taken as a whole, the evaluation research offers clues about what a successful program to delay additional births among first-time teen mothers should probably do.

- Develop close and sustained relationships with pregnant teenagers and young mothers.
  - Begin when teenagers are pregnant with their first child and continue until the first child is at least two years old and the mother is 18 years of age or older.
  - Employ personnel who have the training and the authority to counsel in such sensitive areas as family planning and domestic violence—and who are willing to do so.
  - Avoid relying on group settings for education or counseling. Teenage mothers appear to need more intense, individualized attention.
  - Discuss with teen mothers the downsides of having more than one child before age 20 and of closely spaced births.
- Help the teenagers select a contraceptive method, describe its good points as well as its possible side effects, and provide intensive on-going, specific support to encourage its proper and consistent use.
  - Make teenagers aware that if they stop using a certain contraceptive because of side effects or other reasons, they should seek assistance with choosing another contraceptive right away.
  - Encourage teen mothers to use a long-lasting, non-coital-dependent contraceptive, such as Depo-Provera.
  - Encourage teen mothers to return to school after a birth and to complete the education and training needed for economic self-sufficiency.
  - Provide childcare for kids of teen mothers who are attending school or employment programs.
  - Encourage teen mothers to live with their parents or other adults who can provide economic and social support. Living with a boyfriend should be discouraged. Second Chance Homes—maternity group homes that provide housing and on-site social support services for pregnant teenagers and new mothers who cannot live at home—are one option.

## We Still Have Much to Learn

*Another Chance* and this research brief contribute to our collective understanding of the factors that

lead teen mothers to have additional children and the strategies that can help prevent such occurrences. Still, there is much that we still do not know. For instance, the findings of the NLSY and NELS studies do not mirror each other regarding the factors that increase the likelihood that a teen mother will have additional births. As for the prevention programs that were evaluated for effectiveness, several specific com-

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ponents were identified that do seem to make a difference. However, many of those that “worked” to prevent subsequent births did not lower rates much below what would be expected among teen mothers not attending a program. Given the magnitude of this problem, the detrimental consequences it can cause, and the promise that prevention programs hold for addressing it, additional research is certainly warranted to more clearly identify the risk factors for additional births among teenage mothers and the key to programs that are effective in addressing them.

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## About the Putting What Works to Work Project

Putting What Works to Work (PWWTW) is a project of the National Campaign to Prevent Teen Pregnancy and is funded, in part, by the Centers for Disease Control and Prevention. Through PWWTW, the National Campaign is translating research on teen pregnancy prevention and related issues into user-friendly materials for practitioners, policymakers, and advocates. As part of this initiative, the *Science Says* series summarizes recent research in short, easy-to-understand briefs.

### Author Information

This *Science Says* brief is based on the National Campaign to Prevent Teen Pregnancy publication, *Another Chance: Preventing Additional Births to Teen Mothers* by Lorraine V. Klerman, Dr.PH. Dr. Klerman is a Professor of Public Health at The Heller School for Social Policy and Management, Brandeis University. She has studied teen pregnancy and parenting since the 1960s and is currently a member of a team examining the parenting practices of teen mothers under grants from the National Institute of Child Health and Human Development and the Robert Wood Johnson Foundation.

### About the National Campaign to Prevent Teen Pregnancy

The National Campaign to Prevent Teen

Pregnancy is a nonprofit, nonpartisan organization supported largely by private donations. The National Campaign's mission is to improve the well-being of children, youth, and families by reducing teen pregnancy. Our goal is to reduce the rate of teen pregnancy by one-third between 1996 and 2005.

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