



Mississippi
Selected Facts
About Teenage
Pregnancy
1995

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Mississippi

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Mississippi State Department of Health
Division of Reproductive Health
Family Planning

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

Foreword

More than a million teenagers become pregnant every year in the United States, and 85 percent of the pregnancies are unintentional. Before their own childhood is over, these teen mothers have to face the demanding challenges of parenthood.

Many teen mothers often are forced to drop out of school; even the teen fathers are more likely than their peers to stop education 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 have prompted a growing concern over the pernicious economic, social, and health consequences of teen pregnancies and teen births in Mississippi and throughout the United States.

In Mississippi, more than 22 percent of all babies born during 1995 were born to teenagers. Twenty-nine percent of those mothers were giving birth to their second, third, fourth, or fifth child. Eighty percent of the teen mothers were unmarried and approximately 45 percent 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. Although the numbers have declined since their peaks in the early 1970's, both in total numbers and as a proportion of total births, public awareness and concern about this serious social problem have grown. The costs to society that result from the consequences of teen births — particularly to high risk teens, those less than 15 years, unmarried, poor, and having a repeat pregnancy, for example — are now getting the attention they have always deserved.

Mississippi continues to lead the nation in the percentage of births to teens. The reduction of 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.

F.E. Thompson, Jr., M.D., M.P.H.
State Health Officer

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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 are having children. This powerful statement has been instrumental in making teenage pregnancy a major national concern, so much so that it demands immediate attention, although no consensus as to **what the problem really is**² has been established.

- **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, and 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

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 more than 85 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, care usually 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. 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, from abuse and neglect. Studies show that the mother herself is at greater risk of being abused by her partner, and her relationship with her partner is at greater risk of dissolution.⁹

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 Mississippi, more than 22 percent of all babies born in 1995 were born to teenagers. More than 29 percent of those mothers gave 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.

In absolute numbers, these percentages mean that of the 41,332 babies born in Mississippi during 1995, teenagers gave birth to 9,185 of them. Within this pool, 2,083 girls gave birth to their second child, 444 gave birth to their third baby, and 159 gave birth for the fourth time or more. Data reveal that 7,319 of the 9,185 teen mothers were unmarried, and 4,152 girls were 17 years old or younger. Ten 12 year olds and 71 thirteen year old girls became mothers. Some 1,467 teenagers elected to terminate their pregnancy, and another 126 experienced a fetal death.¹⁰

Mississippi continues to lead the nation in the percentage of births to teens, but a recent trend indicates that pregnancies are slowly declining in the state. Mississippians in the public and private sectors, are working hard to educate, provide medical and social services, leadership, and resources to help young people make informed choices, and to provide access to the best available medical care. The consequences of early childbearing are serious and predictable. The issue is being addressed head on, and many parents of these young people are active participants.

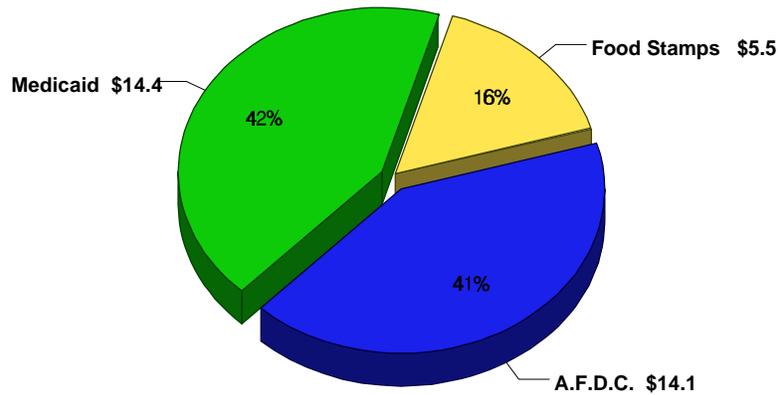
Some commentators on teenage pregnancy contend that the problem is not really teenagers who want sex so soon, but that our society offers too little, too late — too little birth control information, too few job opportunities, and too little reason for many teenagers to stay in school and delay childbearing.¹¹

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, we must produce a better range of health, social, educational, and vocational strategies. 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, and deal with it directly and honestly.

Selected facts about teenage pregnancy in Mississippi are presented in this booklet. The data paint pictures of young mothers who are barely removed from childhood themselves, whose education is incomplete, parenting skills undeveloped, and personal potential unfulfilled. The data further reveal 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
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Bureau of Women's Health

Public Cost of Teen Childbearing in the United States, 1992

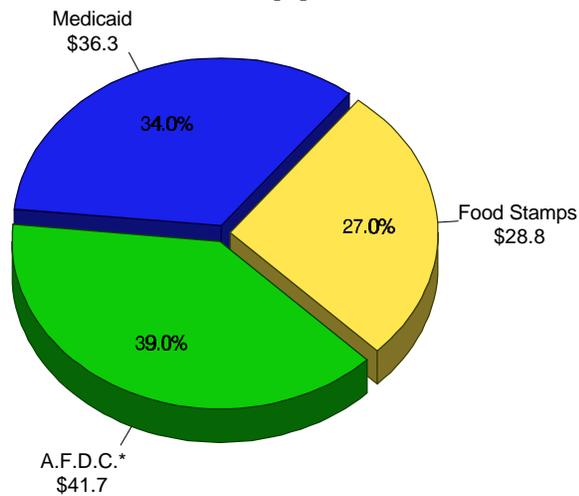


\$34.4 Billion

*Aid to Families with Dependent Children

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

Public Cost of Teen Childbearing in Mississippi, 1995



\$106.8 Million

*Aid to Families with Dependent Children

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.

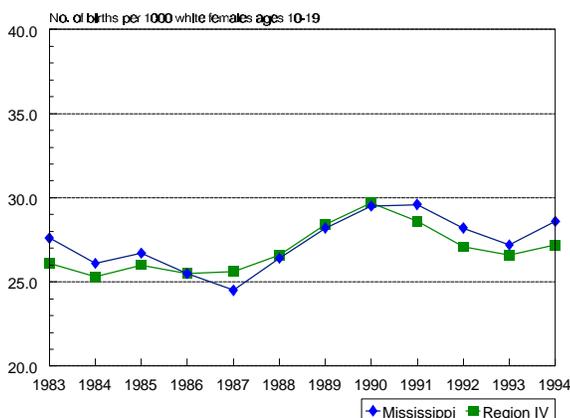
Adolescent Fertility Rates by Race* for Region IV Network for Data Management and Utilization (United States, 1994)

Total (All Races)			White			Nonwhite		
State	Rate	Rank	State	Rate	Rank	State	Rate	Rank
Mississippi	43.3	1	Kentucky	31.2	1	Tennessee	62.5	1
Alabama	38.6	2	Tennessee	29.6	2	Florida	61.2	2
Tennessee	36.3	3	Alabama	28.9	3	Mississippi	60.9	3
Georgia	36.1	4	Mississippi	28.6	4	Kentucky	58.4	4
North Carolina	34.3	5	Georgia	26.4	5	Alabama	56.4	5
Kentucky	33.7	6	North Carolina	26.3	6	North Carolina	53.6	6
South Carolina	33.3	7	Florida	25.2	7	Georgia	52.6	7
Florida	32.5	8	South Carolina	24.4	8	South Carolina	47.1	8
Region IV	35.2		Region IV	27.2		Region IV	56.1	

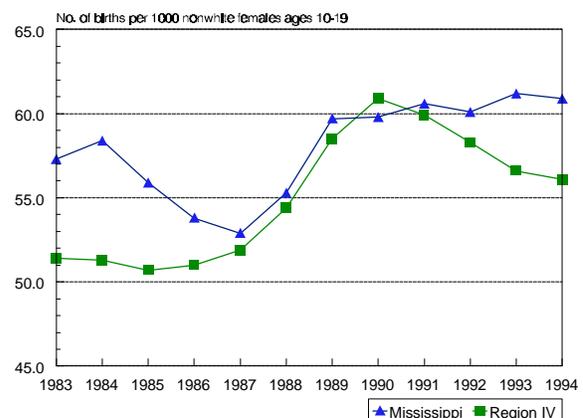
Definition: $\frac{\text{Number of Live Births to Mothers 10-19 Years}}{\text{Number of Females 10-19 Years}} \times 1,000$

Teen fertility rates vary due to the increase or decrease in births and the difference in the population's nonwhite/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.

**White Adolescent Fertility Rates
for Mississippi and the Region IV Network
for Data Management and Utilization**

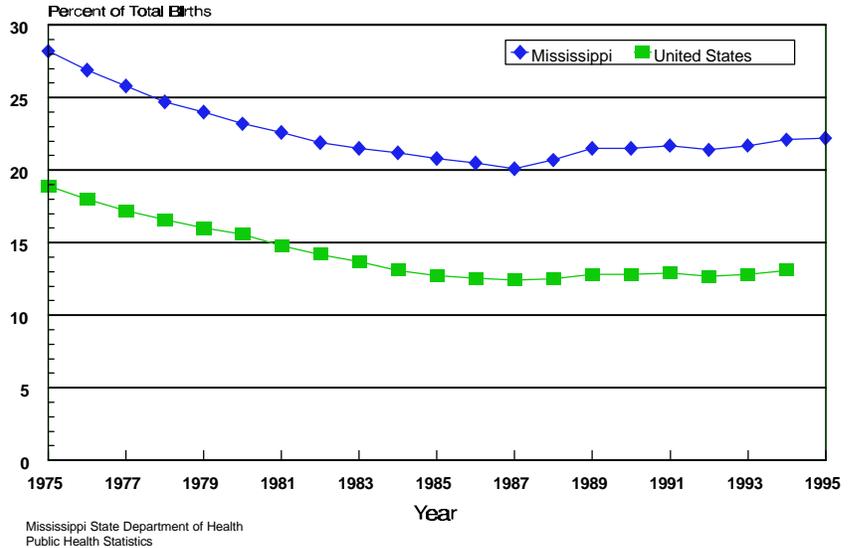


**Nonwhite Adolescent Fertility Rates
for Mississippi and the Region IV Network
for Data Management and Utilization**



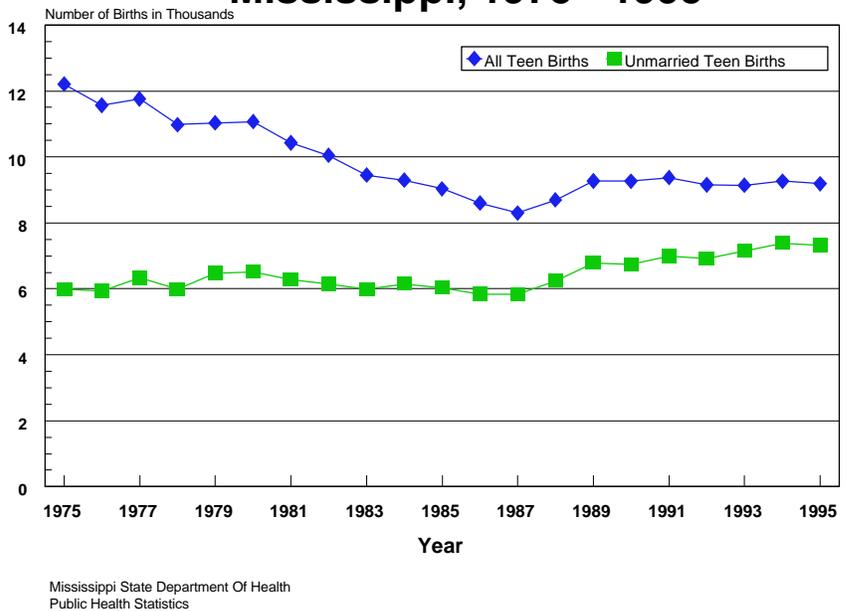
Percent of Births to Teens Mississippi and the United States 1975 - 1995

Mississippi's trend for teen births, as a percent of all live births, has shown only slight deviation from the national trend from 1975 through 1995. 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 1994 statistics. Both were on a decline from 1975 through 1987. Teen births increased slightly during 1988 and 1989 and have since remained fairly level. During 1993, Mississippi's percentage of births to teens began a slight upward slope once again.



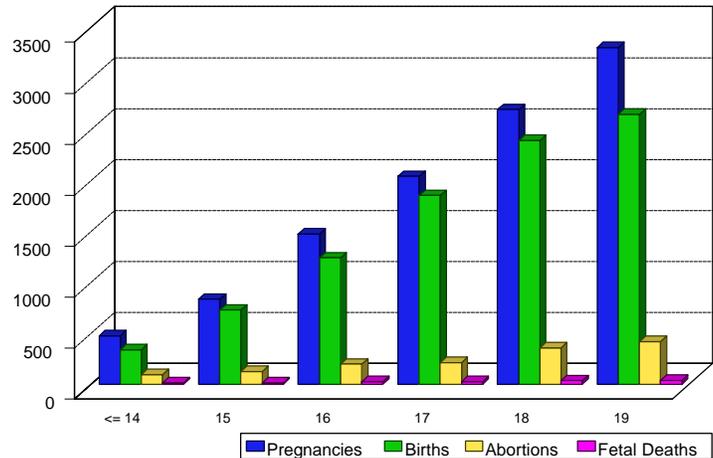
Comparison of All Teen Births and Unmarried Teen Births Mississippi, 1975 - 1995

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 1975, 49.1 percent of the teen births were to unmarried mothers. In 1995, 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 almost tripled in the past 20 years rising from 578 in 1975 to 1,602 in 1995. Births to unmarried non-white teens has risen with slight fluctuations from 5,413 in 1975 to 5797 in 1994. During 1995, it dropped slightly to 5717.



Pregnancies, Births, Abortions, and Fetal Deaths for Teens by Age Mississippi, 1995

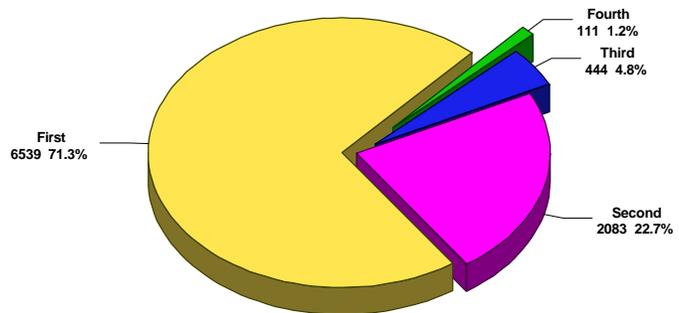
Data reveal a slight yet constant decline in the number of pregnancies that occur to teens. The number has continually declined from 11,089 during 1992 to 10,778 in 1995.



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

Live Births to Teen Mothers by Pregnancy Order Mississippi, 1995

Approximately 30 percent or 2,638 of the 9,185 live births to Mississippi teens in 1995 were to teens who had already had at least one previous pregnancy. These births marked the first pregnancy for 6,539, the second for 2,083, the third for 444, and the fourth or more for 111.



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

Ages 11-19 Mississippi 1995	Age Of Mother								
	<11	12	13	14	15	16	17	18	19
Pregnancies	4	15	106	325	874	1,448	2,087	2,785	3,134
Births	0	10	71	256	726	1,239	1,850	2,388	2,645
Abortions	4	5	34	68	131	194	213	363	455
Fetal Deaths	0	0	1	1	17	15	24	34	34

In 1995, Mississippi's teen mothers were 8.9 percent more likely to have babies die during the first year of life than adult mothers. This decrease from 1994 results from a drop in the number of infant deaths to all teens and an increase of infant deaths to nonwhite adults. A significant decrease in live births to nonwhite adults also was reported. The teen infant mortality rate in 1995 was 11.0 infant deaths per 1,000 live births to women less than 20 years of age. The corresponding rate for adults was 10.1 deaths per 1,000 live births to women 20 years old or older.

The risk of infant death was 44.4 percent greater for white teens than for white adults. In 1995, the infant mortality rate for white teens was 9.1 and 6.3 for white adults.

Among nonwhites, the risk of infant death was 25.6 percent higher for adults than teens. The infant mortality rate for nonwhite teens dropped to 12.1 while the rate for nonwhite adult rose to 15.2.

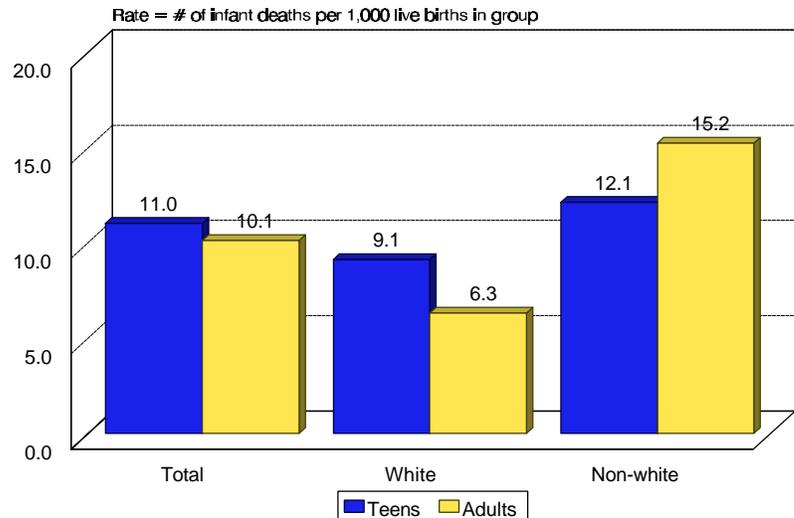
Low birthweight is one major contributor to the high cost of teen childbearing and a major contributor to infant mortality.

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 117.5 per 1,000 live births compared with 92.7 for adults, making the rate for teens 26.8 percent higher.

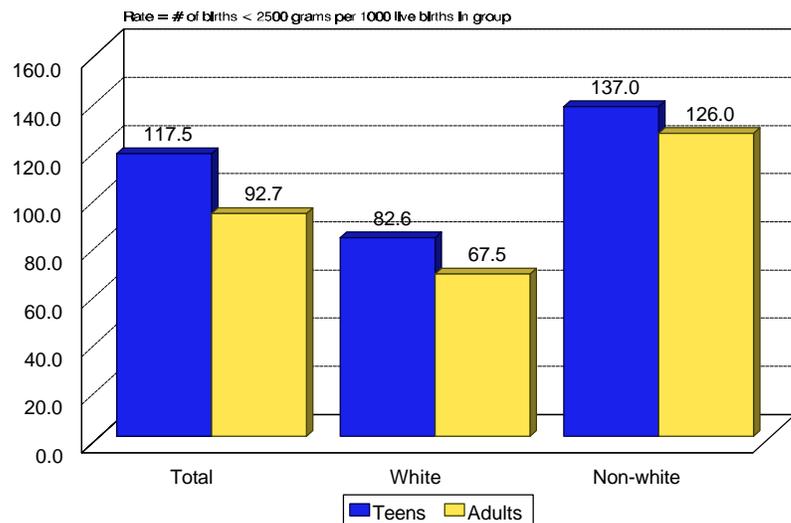
The rate of 82.6 for white teens was 22.4 percent higher than that of 67.5 for white adults. The rate of 137.0 for nonwhite teens was 8.7 percent higher than that of 126.0 for nonwhite adults.

Comparison of Infant Mortality Rates for Teens and Adults by Race of Mother Mississippi, 1995



Mississippi State Department Of Health
Public Health Statistics

Comparison of Low Birthweight Rates for Teens and Adults by Race of Mother Mississippi, 1995



Mississippi State Department Of Health
Public Health Statistics

**Number of Births, Abortions, and Fetal Deaths
to Teens by County of Residence (Mississippi, 1995)**

County	Births	Abortions	Fetal Deaths	County	Births	Abortions	Fetal Deaths
Adams	115	7	3	Leflore	221	40	4
Alcorn	82	17	0	Lincoln	84	8	4
Amite	31	2	1	Lowndes	184	58	5
Attala	64	9	0	Madison	177	40	4
Benton	33	2	0	Marion	109	4	0
Bolivar	219	38	2	Marshall	142	16	2
Calhoun	49	3	1	Monroe	128	21	0
Carroll	21	2	0	Montgomery	37	16	1
Chickasaw	75	5	0	Neshoba	97	11	2
Choctaw	28	2	1	Newton	68	15	1
Claiborne	51	8	1	Noxubee	43	6	1
Clarke	46	6	0	Oktibbeha	96	39	1
Clay	83	15	2	Panola	149	23	0
Coahoma	201	15	1	Pearl River	144	0	0
Copiah	105	11	3	Perry	45	3	0
Covington	76	5	2	Pike	149	23	2
DeSoto	180	58	1	Pontotoc	65	7	0
Forrest	230	27	5	Prentiss	59	7	0
Franklin	17	1	0	Quitman	57	3	0
George	78	5	0	Rankin	230	51	4
Greene	44	6	0	Scott	95	17	2
Grenada	76	23	1	Sharkey	49	4	0
Hancock	94	2	2	Simpson	85	5	1
Harrison	589	57	7	Smith	48	5	0
Hinds	807	239	19	Stone	36	2	1
Holmes	122	19	1	Sunflower	177	24	2
Humphreys	43	0	1	Tallahatchie	69	5	1
Issaquena	7	0	0	Tate	79	15	0
Itawamba	58	7	0	Tippah	59	7	0
Jackson	359	50	3	Tishomingo	44	4	0
Jasper	59	5	3	Tunica	52	10	1
Jefferson	34	4	1	Union	81	5	0
Jeff Davis	60	8	0	Walthall	64	2	2
Jones	192	26	5	Warren	183	44	2
Kemper	31	3	0	Washington	367	43	6
Lafayette	67	42	1	Wayne	83	5	1
Lamar	58	9	0	Webster	33	5	0
Lauderdale	204	59	3	Wilkinson	31	0	1
Lawrence	43	1	0	Winston	59	8	1
Leake	61	8	0	Yalobusha	28	4	1
Lee	244	31	1	Yazoo	143	25	2
Mississippi State Department of Health Public Health Statistics				State Total	9,185	1,467	126

* Abortions include abortions performed out of state.

**Number of Births, Abortions, and Fetal Deaths
to All Mothers by County of Residence (Mississippi, 1995)**

County	Births	Abortions	Fetal Deaths	County	Births	Abortions	Fetal Deaths
Adams	510	30	10	Leflore	694	131	10
Alcorn	379	55	4	Lincoln	437	34	6
Amite	157	3	2	Lowndes	999	225	10
Attala	262	27	2	Madison	1,193	246	17
Benton	117	6	0	Marion	386	11	1
Bolivar	681	108	9	Marshall	551	90	7
Calhoun	193	8	3	Monroe	563	79	5
Carroll	99	8	1	Montgomery	157	39	1
Chickasaw	305	21	2	Neshoba	440	31	6
Choctaw	125	11	1	Newton	320	31	1
Claiborne	170	30	4	Noxubee	213	25	4
Clarke	232	32	6	Oktibbeha	488	164	6
Clay	341	51	6	Panola	551	82	3
Coahoma	599	57	3	Pearl River	606	6	3
Copiah	423	49	8	Perry	175	11	2
Covington	295	18	4	Pike	597	59	5
DeSoto	1,229	247	12	Pontotoc	365	23	2
Forrest	1,044	140	14	Prentiss	298	27	1
Franklin	96	9	0	Quitman	189	22	1
George	295	17	4	Rankin	1,465	234	16
Greene	169	14	3	Scott	451	59	6
Grenada	318	71	8	Sharkey	128	14	1
Hancock	498	19	3	Simpson	364	35	3
Harrison	2,896	297	23	Smith	215	17	2
Hinds	4,118	1,292	76	Stone	178	7	2
Holmes	372	58	2	Sunflower	548	68	6
Humphreys	189	13	6	Tallahatchie	241	18	2
Issaquena	31	0	0	Tate	357	55	2
Itawamba	273	26	1	Tippah	273	18	0
Jackson	1,764	262	10	Tishomingo	216	23	5
Jasper	274	26	6	Tunica	163	37	2
Jefferson	149	21	1	Union	325	23	0
Jeff Davis	227	23	0	Walthall	229	7	2
Jones	839	79	10	Warren	836	179	9
Kemper	138	26	0	Washington	1,226	154	21
Lafayette	407	142	5	Wayne	346	25	5
Lamar	447	30	5	Webster	134	16	0
Lauderdale	1,145	220	17	Wilkinson	120	1	2
Lawrence	193	15	3	Winston	248	25	2
Leake	296	28	3	Yalobusha	150	23	3
Lee	1,174	158	5	Yazoo	428	83	6
Mississippi State Department of Health Public Health Statistics				State Total	41,332	6,204	470

* Abortions include abortions performed out of state.

**Number of Pregnancies to Teens by County of Residence
Mississippi (1993-1995)**

Total Pregnancies				Total Pregnancies			
County	1993	1994	1995	County	1993	1994	1995
Adams	155	136	125	Leflore	249	261	265
Alcorn	99	101	99	Lincoln	146	112	96
Amite	29	32	34	Lowndes	235	229	247
Attala	75	60	73	Madison	246	226	221
Benton	39	30	35	Marion	110	105	113
Bolivar	260	231	259	Marshall	149	189	160
Calhoun	50	54	53	Monroe	149	149	149
Carroll	28	28	23	Montgomery	49	52	54
Chickasaw	84	105	80	Neshoba	103	89	110
Choctaw	24	26	31	Newton	85	75	84
Claiborne	56	47	60	Noxubee	56	59	50
Clarke	52	60	52	Oktibbeha	114	124	136
Clay	99	77	100	Panola	188	181	172
Coahoma	220	237	217	Pearl River	126	156	144
Copiah	123	129	119	Perry	39	39	48
Covington	77	81	83	Pike	166	147	174
DeSoto	240	207	239	Pontotoc	77	71	72
Forrest	261	262	262	Prentiss	82	70	66
Franklin	32	28	18	Quitman	67	60	60
George	82	77	83	Rankin	290	245	285
Greene	34	31	50	Scott	127	138	114
Grenada	104	101	100	Sharkey	42	54	53
Hancock	94	114	98	Simpson	106	82	91
Harrison	602	621	653	Smith	41	54	53
Hinds	1,183	1,129	1,065	Stone	47	55	39
Holmes	138	133	142	Sunflower	207	208	203
Humphreys	62	59	44	Tallahatchie	99	98	75
Issaquena	8	11	7	Tate	72	79	94
Itawamba	52	50	65	Tippah	64	75	66
Jackson	431	423	412	Tishomingo	47	42	48
Jasper	72	68	67	Tunica	48	58	63
Jefferson	53	41	39	Union	73	89	86
Jeff Davis	60	59	68	Walthall	56	63	68
Jones	226	229	223	Warren	233	235	229
Kemper	29	32	34	Washington	430	473	416
Lafayette	121	104	110	Wayne	106	84	89
Lamar	72	87	67	Webster	38	32	38
Lauderdale	279	256	266	Wilkinson	22	24	32
Lawrence	46	39	44	Winston	59	64	68
Leake	80	84	69	Yalobusha	52	49	33
Lee	268	275	276	Yazoo	168	153	170
Mississippi State Department of Health Public Health Statistics				State Total	10,962	10,802	10,778

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

**Teen Pregnancy Rate by District and County
Ranked Within District from Highest to Lowest
Mississippi, 1995**

District I	Rate	District II	Rate	District III	Rate
Coahoma	71.88	Marshall	57.99	Leflore	74.19
Tunica	71.27	Benton	51.55	Holmes	70.37
Quitman	71.17	Itawamba	51.34	Sunflower	66.58
Panola	59.09	Union	50.68	Washington	64.34
Grenada	57.24	Lee	50.12	Bolivar	64.19
Tallahatchie	56.82	Tippah	45.55	Montgomery	56.72
Tate	51.79	Alcorn	44.88	Attala	52.18
Yalobusha	37.67	Tishomingo	41.96	Humphreys	38.23
DeSoto	35.08	Prentiss	41.88	Carroll	28.08
		Lafayette	40.95		
		Pontotoc	39.63		
District Total	52.06	District Total	47.53	District Total	63.04
District IV	Rate	District V	Rate	District VI	Rate
Chickasaw	58.31	Sharkey	75.61	Scott	59.19
Clay	55.07	Yazoo	74.11	Neshoba	51.02
Monroe	53.37	Warren	55.15	Newton	50.79
Lowndes	51.74	Hinds	54.26	Leake	47.88
Calhoun	50.28	Copiah	53.20	Smith	47.36
Webster	50.13	Simpson	47.20	Lauderdale	46.72
Noxubee	43.78	Issaquena	42.17	Jasper	44.91
Winston	42.90	Madison	41.87	Kemper	40.00
Choctaw	39.85	Claiborne	39.14	Clarke	37.09
Oktibbeha	39.22	Rankin	35.98		
District Total	48.72	District Total	50.18	District Total	47.87
District VII	Rate	District VIII	Rate	District IX	Rate
Pike	54.89	Covington	61.30	George	56.93
Walthall	53.67	Jeff Davis	56.53	Harrison	52.29
Jefferson	47.85	Greene	54.47	Pearl River	44.00
Lawrence	43.01	Marion	54.25	Stone	40.21
Adams	42.53	Wayne	53.07	Jackson	38.76
Wilkinson	39.90	Perry	50.16	Hancock	36.40
Lincoln	37.57	Jones	46.84		
Amite	29.23	Forrest	46.68		
Franklin	25.75	Lamar	26.15		
District Total	43.65	District Total	47.47	District Total	45.35
Mississippi State Department of Health Public Health Statistics				State Rate	49.86

**Percent of Live Births to Teens by County of Residence
Ranked from Highest to Lowest
Mississippi, 1995**

County	Percent	Rank	County	Percent	Rank
Sharkey	38.3	1	Adams	22.5	43
Coahoma	33.6	2	Kemper	22.5	44
Yazoo	33.4	3	Choctaw	22.4	45
Holmes	32.8	4	Smith	22.3	46
Sunflower	32.3	5	Lawrence	22.3	47
Bolivar	32.2	6	State Percent	22.2	—
Tunica	31.9	7	Tate	22.1	48
Leflore	31.8	8	Neshoba	22.0	49
Quitman	30.2	9	Forrest	22.0	50
Claiborne	30.0	10	Warren	21.9	51
Washington	29.9	11	Alcorn	21.6	52
Tallahatchie	28.6	12	Tippah	21.6	53
Marion	28.2	13	Jasper	21.5	54
Benton	28.2	14	Newton	21.3	55
Walthall	27.9	15	Itawamba	21.2	56
Panola	27.0	16	Carroll	21.2	57
George	26.4	17	Scott	21.1	58
Jeff Davis	26.4	18	Lee	20.8	59
Greene	26.0	19	Leake	20.6	60
Wilkinson	25.8	20	Tishomingo	20.4	61
Marshall	25.8	21	Jackson	20.4	62
Covington	25.8	22	Harrison	20.3	63
Perry	25.7	23	Stone	20.2	64
Calhoun	25.4	24	Noxubee	20.2	65
Pike	25.0	25	Clarke	19.8	66
Union	24.9	26	Prentiss	19.8	67
Copiah	24.8	27	Amite	19.7	68
Webster	24.6	28	Oktibbeha	19.7	69
Chickasaw	24.6	29	Hinds	19.6	70
Attala	24.4	30	Lincoln	19.2	71
Clay	24.3	31	Hancock	18.9	72
Wayne	24.0	32	Yalobusha	18.7	73
Grenada	23.9	33	Lowndes	18.4	74
Winston	23.8	34	Lauderdale	17.8	75
Pearl River	23.8	35	Pontotoc	17.8	76
Montgomery	23.6	36	Franklin	17.7	77
Simpson	23.4	37	Lafayette	16.5	78
Jones	22.9	38	Rankin	15.7	79
Jefferson	22.8	39	Madison	14.8	80
Humphreys	22.8	40	DeSoto	14.6	81
Monroe	22.7	41	Lamar	13.0	82
Issaquena	22.6	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.

**1995 Live Births to Teenage Mothers
by Congressional District**

Pregnancy Order of Birth					
Mississippi	Total Births	Order of this Birth			
		First	Second	Third	Four(+)
District I	1,961	1,449	419	70	21
District II	3,387	2,325	828	183	48
District III	1,920	1,367	451	83	18
District IV	1,968	1,406	439	96	27
District V	1,760	1,267	370	98	22
State Total	9,185	6,539	2,083	444	111

Totals include births where the order is unknown.

Age of Mother									
Mississippi	12	13	14	15	16	17	18	19	Total
District I	4	14	47	154	285	380	515	562	1,961
District II	7	40	122	313	471	684	859	891	3,387
District III	1	15	54	133	241	380	503	593	1,920
District IV	1	16	47	145	264	400	513	582	1,968
District V	0	4	41	135	214	354	476	536	1,760
State Total	10	71	256	726	1,239	1,850	2,388	2,645	9,185

Race of Mother & Age of Mother							
Mississippi	Under Age 15		Ages 15-17		Ages 18-19		Total
	White	Non-White	White	Non-White	White	Non-White	
District I	11	54	371	448	583	494	1,961
District II	6	163	171	1,297	322	1,428	3,387
District III	15	55	244	510	428	668	1,920
District IV	6	58	183	626	317	778	1,968
District V	17	28	385	318	642	370	1,760
State Total	49	288	1,203	2,612	2,042	2,991	9,185

Race of Mother						
Mississippi	White		Non-White		Total	
	Births	Rate	Births	Rate	Births	Rate
District I	965	30.21	996	56.93	1,961	39.66
District II	499	21.24	2,888	61.83	3,387	48.25
District III	687	23.99	1,233	53.81	1,920	37.24
District IV	506	24.53	1,462	55.84	1,968	42.04
District V	1,044	34.12	716	56.63	1,760	40.70
State Total	3,294	28.51	5,891	58.54	9,185	42.49

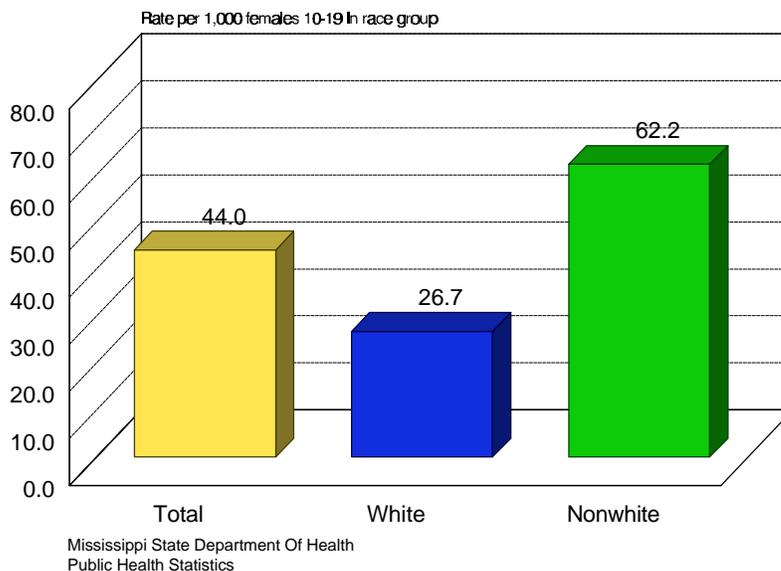
Of the 20,228 girls ages 10 to 19 in District I, 1,053 became pregnant in 1995. Those pregnancies resulted in 891 births, 156 abortions, and 6 fetal deaths.

The 891 births to District I teens include 442 babies born to girls ages 10 to 17. Of these, 398 were out-of-wedlock, 62 were low birthweight babies (less than 5.5 pounds), and 45 received inadequate prenatal care. Teenagers are more likely to delay prenatal care and to have low birthweight babies than older mothers.

During the 1995-1996 school year, 42 girls dropped out of school in District I because of pregnancy.

In FY 1995, Mississippi spent \$106,817,051 in AFDC, Food Stamps, and Medicaid on teenage childbearing. District I spent \$10,438,308 of this total.

Teen Fertility Rates by Race of Mother Public Health District I Mississippi, 1995



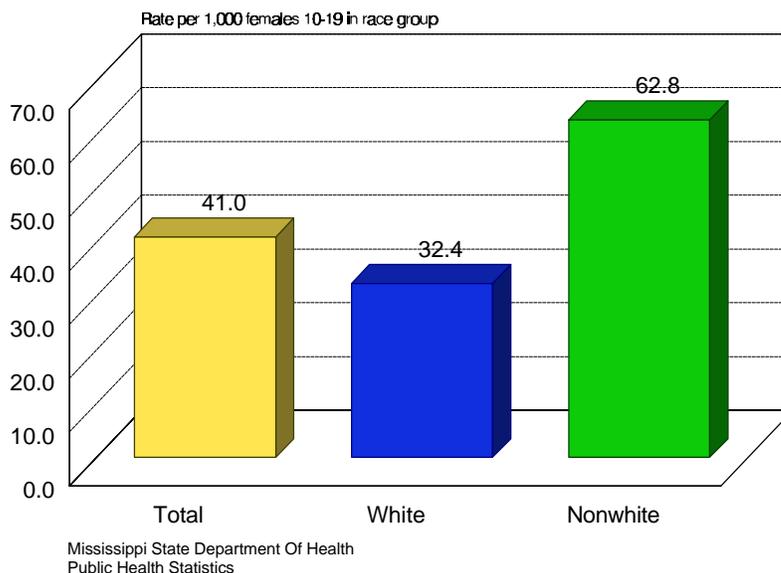
Of the 22,786 girls ages 10 to 19 in District II, 1,083 became pregnant in 1995. Those pregnancies resulted in 934 births, 145 abortions, and 4 fetal deaths.

The births to District II teens include 400 babies born to girls ages 10 to 17. Of these, 308 were out-of-wedlock, 53 were low birthweight babies (less than 5.5 pounds), and 27 received inadequate prenatal care. Teenagers are more likely to delay prenatal care and to have low birthweight babies than older mothers.

During the 1995-1996 school year, 39 girls dropped out of school in District II because of pregnancy.

In FY 1995, Mississippi spent \$106,817,051 in AFDC, Food Stamps, and Medicaid on teenage childbearing. District II spent \$11,369,425 of this total.

Teen Fertility Rates by Race of Mother Public Health District II Mississippi, 1995



Of the 23,461 girls ages 10 to 19 in District III, 1,479 became pregnant in 1995. Those pregnancies resulted in 1,271 births, 191 abortions, and 17 fetal deaths.

The 1,271 births to District III teens include 628 babies born to girls ages 10 to 17. Of these, 603 were out-of-wedlock, 78 were low birthweight babies (less than 5.5 pounds), and 85 received inadequate prenatal care. Teenagers are more likely to delay prenatal care and to have low birthweight babies than older mothers.

During the 1995-1996 school year, 58 girls dropped out of school in District III because of pregnancy.

In FY 1995, Mississippi spent \$106,817,051 in AFDC, Food Stamps, and Medicaid on teenage childbearing. District III spent \$13,950,415 of this total.

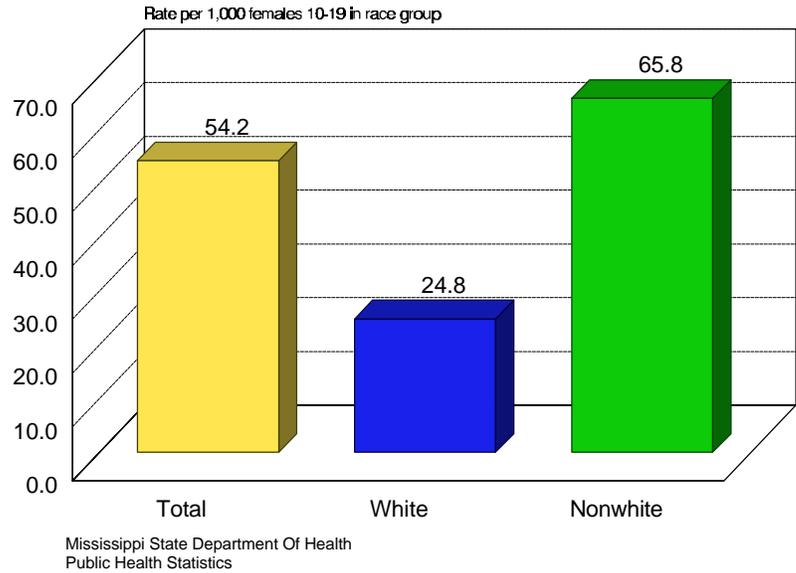
Of the 19,539 girls ages 10 to 19 in District IV, 952 became pregnant in 1995. Those pregnancies resulted in 778 births, 162 abortions, and 12 fetal deaths.

The 778 births to District IV teens include 349 babies born to girls ages 10 to 17. Of these, 302 were out-of-wedlock, 49 were low birthweight babies (less than 5.5 pounds), and 38 received inadequate prenatal care. Teenagers are more likely to delay prenatal care and to have low birthweight babies than older mothers.

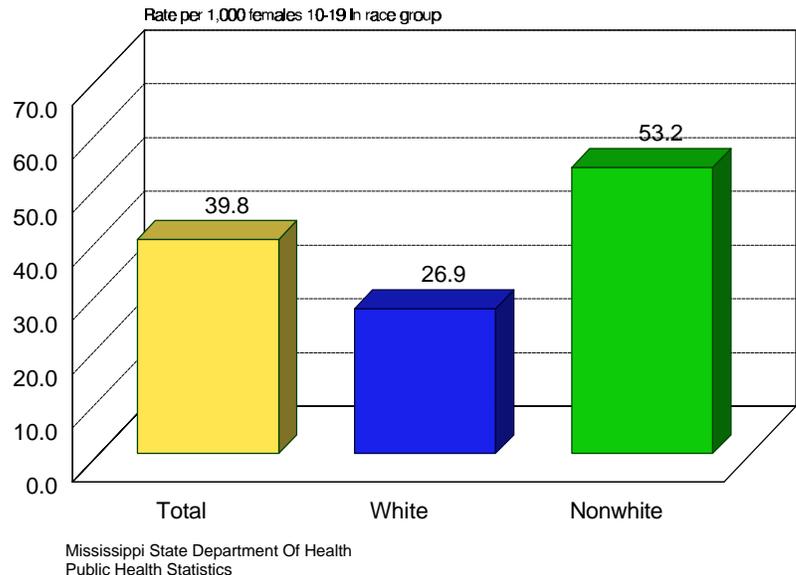
During the 1995-1996 school year, 38 girls dropped out of school in District IV because of pregnancy.

In FY 1995, Mississippi spent \$106,817,051 in AFDC, Food Stamps, and Medicaid on teenage childbearing. District IV spent \$8,902,782 of this total.

Teen Fertility Rates by Race of Mother Public Health District III Mississippi, 1995



Teen Fertility Rates by Race of Mother Public Health District IV Mississippi, 1995



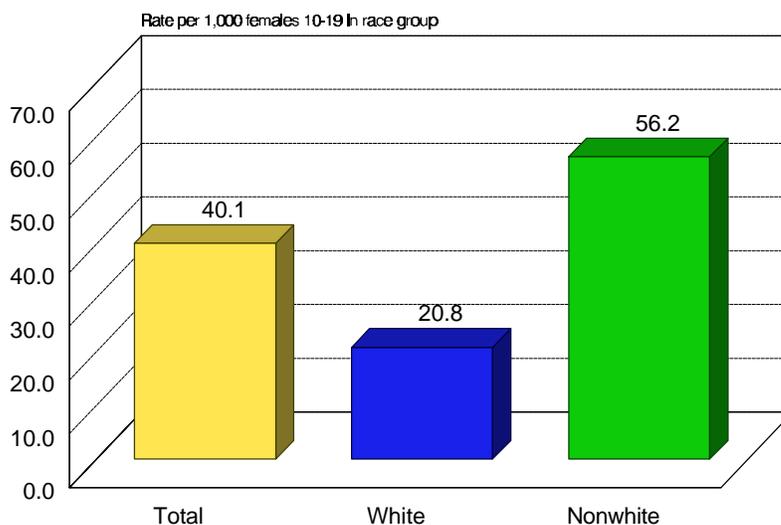
Of the 45,838 girls ages 10 to 19 in District V, 2,300 became pregnant in 1995. Those pregnancies resulted in 1,837 births, 427 abortions, and 36 fetal deaths.

The 1,837 births to District V teens include 831 babies born to girls ages 10 to 17. Of these, 781 were out-of-wedlock, 118 were low birthweight babies (less than 5.5 pounds), and 78 received inadequate prenatal care. Teenagers are more likely to delay prenatal care and to have low birthweight babies than older mothers.

During the 1995-1996 school year, 46 girls dropped out of school in District V because of pregnancy.

In FY 1995, Mississippi spent \$106,817,051 in AFDC, Food Stamps, and Medicaid on teenage childbearing. District V spent \$21,137,982 of this total.

Teen Fertility Rates by Race of Mother Public Health District V Mississippi, 1995



Mississippi State Department Of Health
Public Health Statistics

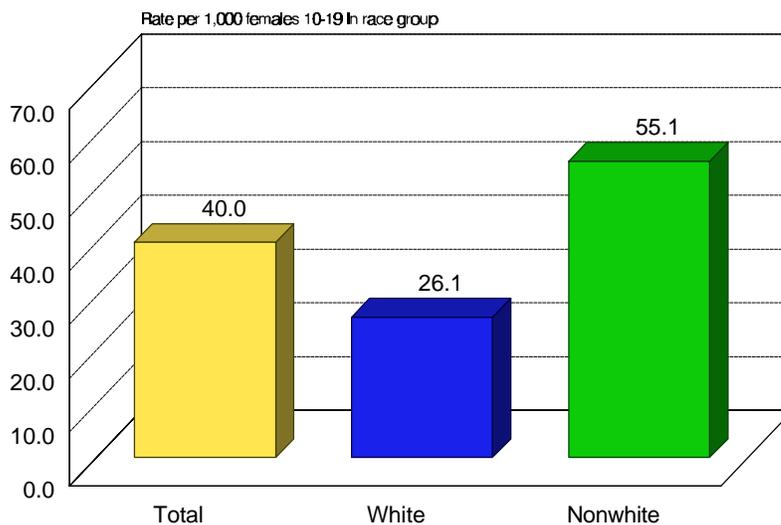
Of the 17,734 girls ages 10 to 19 in District VI, 849 became pregnant in 1995. Those pregnancies resulted in 709 births, 129 abortions, and 11 fetal deaths.

The 709 births to District VI teens include 303 babies born to girls ages 10 to 17. Of these, 258 were out-of-wedlock, 31 were low birthweight babies (less than 5.5 pounds), and 44 received inadequate prenatal care. Teenagers are more likely to delay prenatal care and to have low birthweight babies than older mothers.

During the 1995-1996 school year, 32 girls dropped out of school in District VI because of pregnancy.

In FY 1995, Mississippi spent \$106,817,051 in AFDC, Food Stamps, and Medicaid on teenage childbearing. District VI spent \$8,461,727 of this total.

Teen Fertility Rates by Race of Mother Public Health District VI Mississippi, 1995



Mississippi State Department Of Health
Public Health Statistics

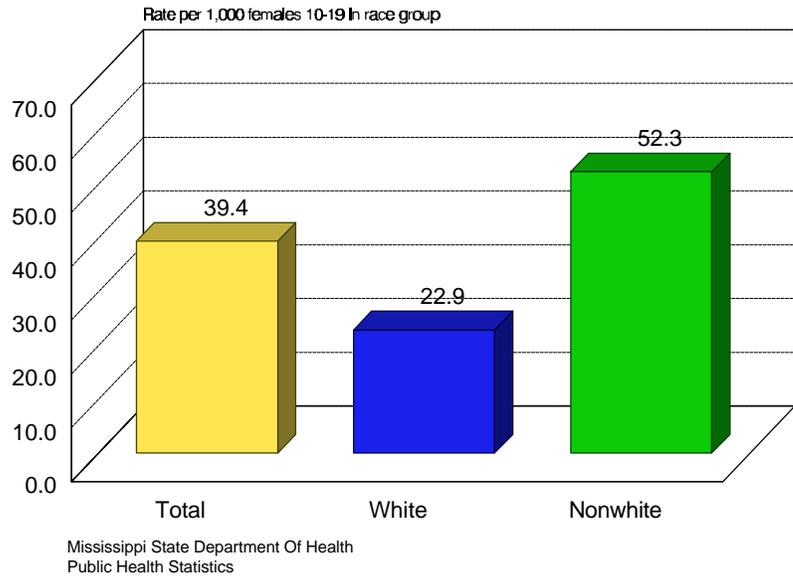
Of the 14,433 girls ages 10 to 19 in District VII, 630 became pregnant in 1995. Those pregnancies resulted in 568 births, 48 abortions, and 8 fetal deaths.

The 568 births to District VII teens include 256 babies born to girls ages 10 to 17. Of these, 234 were out-of-wedlock, 39 were low birthweight babies (less than 5.5 pounds), and 31 received inadequate prenatal care. Teenagers are more likely to delay prenatal care and to have low birthweight babies than older mothers.

During the 1995-1996 school year, 25 girls dropped out of school in District VII because of pregnancy.

In FY 1995, Mississippi spent \$106,817,051 in AFDC, Food Stamps, and Medicaid on teenage childbearing. District VII spent \$6,811,854 of this total.

Teen Fertility Rates by Race of Mother Public Health District VII Mississippi, 1995



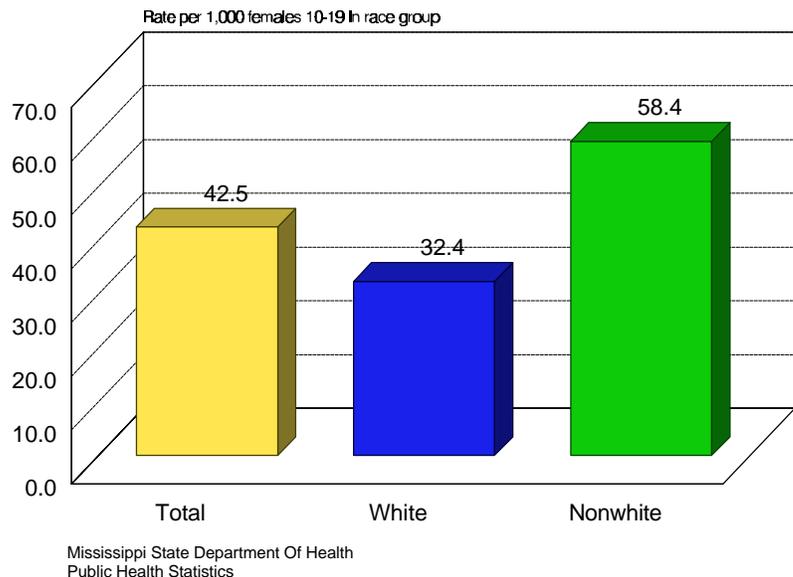
Of the 21,128 girls ages 10 to 19 in District VIII, 1,003 became pregnant in 1995. Those pregnancies resulted in 897 births, 93 abortions, and 13 fetal deaths.

The 897 births to District VIII teens include 401 babies born to girls ages 10 to 17. Of these, 310 were out-of-wedlock, 55 were low birthweight babies (less than 5.5 pounds), and 38 received inadequate prenatal care. Teenagers are more likely to delay prenatal care and to have low birthweight babies than older mothers.

During the 1995-1996 school year, 36 girls dropped out of school in District VIII because of pregnancy.

In FY 1995, Mississippi spent \$106,817,051 in AFDC, Food Stamps, and Medicaid on teenage childbearing. District VIII spent \$10,438,308 of this total.

Teen Fertility Rates by Race of Mother Public Health District VIII Mississippi, 1995



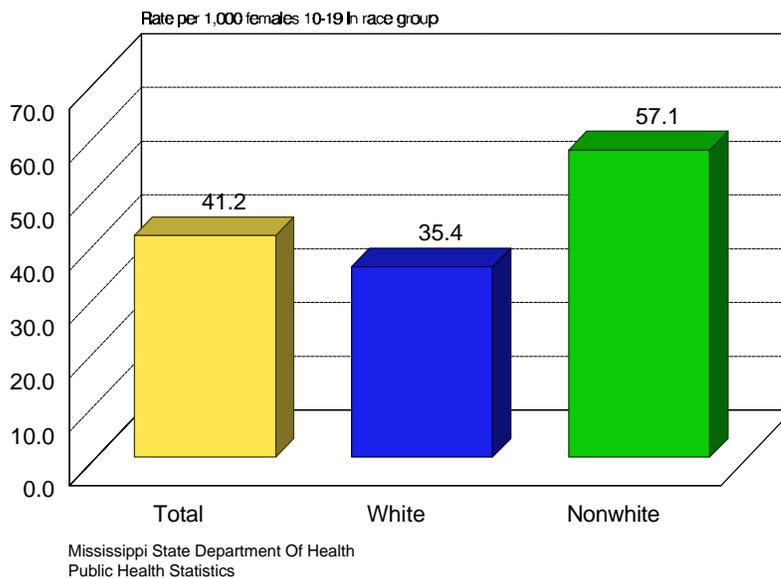
Of the 31,511 girls ages 10 to 19 in District IX, 1,429 became pregnant in 1995. Those pregnancies resulted in 1,300 births, 116 abortions, and 13 fetal deaths.

The 1,300 births to District IX teens include 542 babies born to girls ages 10 to 17. Of these, 448 were out-of-wedlock, 50 were low birthweight babies (less than 5.5 pounds), and 101 received inadequate prenatal care. Teenagers are more likely to delay prenatal care and to have low birthweight babies than older mothers.

During the 1995-1996 school year, 50 girls dropped out of school in District IX because of pregnancy.

In FY 1995, Mississippi spent \$106,817,051 in AFDC, Food Stamps, and Medicaid on teenage childbearing. District IX spent \$15,306,250 of this total.

Teen Fertility Rates by Race of Mother Public Health District IX Mississippi, 1995



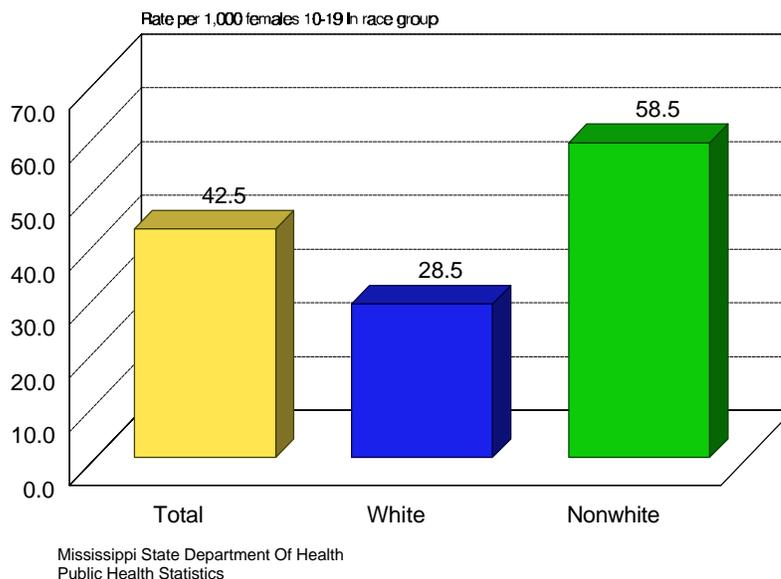
Of the 216,145 girls ages 10 to 19 in Mississippi 10,778 became pregnant in 1995. Those pregnancies resulted in 9,185 births, 1,467 abortions, and 126 fetal deaths.

The 9,185 births to Mississippi teens include 4,152 babies born to girls ages 10 to 17. Of these, 3,642 were out-of-wedlock, 535 were low birthweight babies (less than 5.5 pounds), and 488 received inadequate prenatal care. Teenagers are more likely to delay prenatal care and to have low birthweight babies than older mothers.

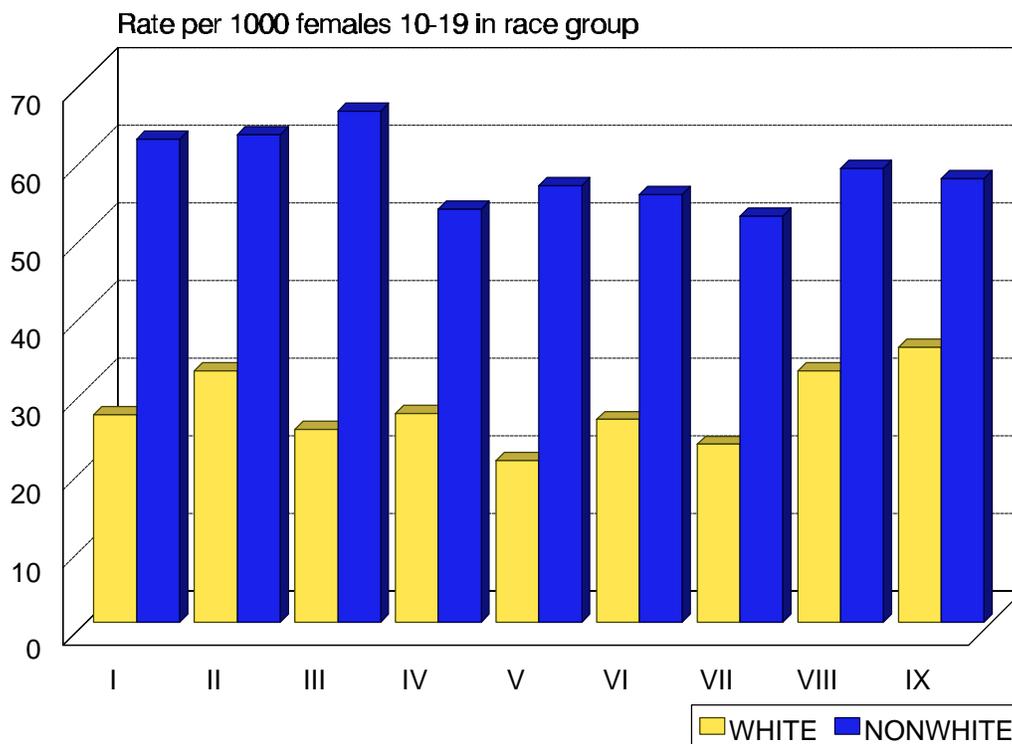
During the 1995-1996 school year, 370 girls dropped out of school in Mississippi because of pregnancy.

In FY 1995, Mississippi spent \$106,817,051 in AFDC, Food Stamps, and Medicaid on teenage childbearing.

Teen Fertility Rates by Race of Mother Mississippi, 1995



Teen Fertility Rates by Race of Mother All Public Health Districts Mississippi, 1995



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

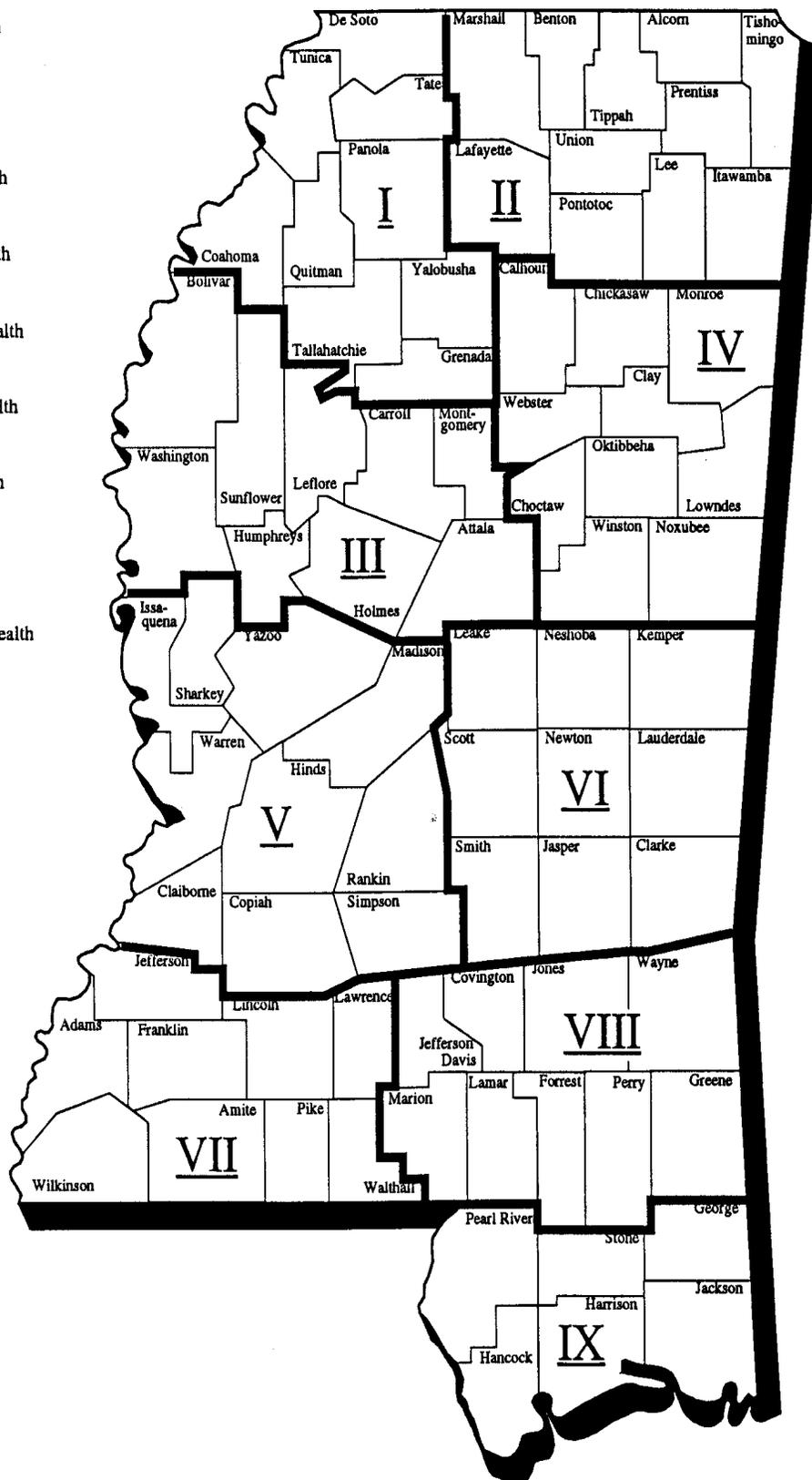
West Central Public Health
District V

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. Teens 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

Teens who do become pregnant need specialized services such 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:

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