



## NEWS RELEASE

### ALABAMA DEPARTMENT OF PUBLIC HEALTH

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## Teen births in Alabama reach historic low rate in 2011

### FOR IMMEDIATE RELEASE

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From its peak in 1973, the percent of births to teens in Alabama has declined by 58 percent, and since 2000 there has been a 32 percent decline in teen births.

In 2011, Alabama's teenage birth rate fell to a historic low rate of 20.9 per 1,000 females ages 10 to 19--just 6,697 births to teen mothers, according to the Center for Health Statistics of the Alabama Department of Public Health. The percent of births to teens as a percent of all births is 11.3. Another record low was the percent of births to young teens, those less than age 18, which fell to just 3.5 percent of live births. The pregnancy rate is 29.6 per 1,000 females ages 10-19, which is a 25 percent decrease since 2002.

This drop in the teen pregnancy rate and teen birth rate is celebrated by many organizations and individuals involved in efforts to address the issue.

"There is not one approach that works for all young people, but a multipronged approach may be the answer," Ava Rozelle, director of the Health Department's Adolescent Pregnancy Prevention Branch, said. "We credit this significant and positive decline to the teenagers themselves and the many initiatives and programs statewide that have had a positive impact on the teen, the family and the community."

Jamie Keith, executive director of the Alabama Campaign to Prevent Teen Pregnancy, said, "We celebrate this important achievement and believe that when young people are provided opportunities to build their knowledge and skills about ways to avoid sexual risk-taking behavior they are less likely to engage in those behaviors. I encourage Alabama communities to invest in community and school-based programs that ensure young people have access to medically accurate and age-appropriate sexual health education programs. With this investment we will continue to see declines in the number of unintended pregnancies to Alabama teens."

Among the programs working to decrease unplanned teen pregnancy are the following:

- The Personal Responsibility Education Program, administered by ADPH, targets high-risk youth ages 13 to 19. The programs are delivered in community settings such as juvenile detention centers, group foster homes, after school programs and with mentoring groups. This program utilizes evidence-based curriculum which has been proven effective in changing behaviors and reducing pregnancies in youth.

- The Nurse-Family Partnership is an evidence-based, community health program that helps transform the lives of vulnerable mothers (many of whom are teens) pregnant with their first child. Each mother served is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child's second birthday. The goals of the program, administered by the Gift of Life Program, include fewer subsequent pregnancies and increased intervals between pregnancies.
- The Abstinence Education Grant Program, also administered by ADPH, funds four community organizations to implement abstinence-based programs in middle schools in 22 counties. This program utilizes older teens to deliver programming related to developing resistance and decision making skills to young teens.
- In addition there are several other programs in the state that address the issue of teen pregnancy, including; Mobile County Health Department, Macon County Board of Education, Poarch Band of Creek Indians Tribal PREP, Growing Our Own Youth, a project of The Gift of Life Foundation in Montgomery Public Schools, Sumter County Prevention Program, and the Alabama Campaign to Prevent Teen Pregnancy, which provides statewide training and technical assistance, and administers an evidence-based research project in several Alabama community-based organizations.

For more information contact Jamie Keith, Alabama Campaign to Prevent Teen Pregnancy, (334) 265-8004, [acptp.org](http://acptp.org), or Ava Rozelle, ADPH, (334) 206-3358, [adph.org](http://adph.org).