

## Accelerating Progress Towards Preventing Adolescent Girls' Pregnancy Submission



### I. National Trends in Adolescent Pregnancy: Data Collection, Drivers, and Methodologies

The United States tracks adolescent sexual and reproductive health (SRH) indicators through the Centers for Disease Control and Prevention (CDC) via the Youth Risk Behavior Surveillance System (YRBSS) and the National Center for Health Statistics (NCHS). Furthermore, the Office of Population Affairs, within the Department of Health and Human Services, maintains ongoing data reporting, collection, and monitoring of changes and trends relating to statistics on adolescent SRH.<sup>1</sup> Large-scale health surveys, public health institutions, and academic research studies are utilized to gather data. Since 2009, teen birth rates in the United States have been declining and is 13.6 births per 1,000 females as of 2022.<sup>2</sup> This rate remains higher than in other similar industrialized countries.<sup>3</sup>

<sup>1</sup>Office of Population Affairs, *Data and Statistics on Adolescent Sexual and Reproductive Health*, US Department of Health and Human Services <https://opa.hhs.gov/adolescent-health/adolescent-sexual-and-reproductive-health/data-and-statistics-on-adolescent-sexual-and-reproductive-health> (last visited Mar. 8, 2026).

<sup>2</sup> *Id.*

<sup>3</sup> Alexandria Mickler and Jessica Tollestrup, *Teen Births in the United States: Overview and Recent Trends* (Apr. 17, 2025) <https://www.congress.gov/crs-product/R45184>.

However, since early 2025, this vital data collection has been under threat from Congressional appropriation proposals seeking to cut funding to public health agencies, including the CDC, as well as several executive orders targeting the inclusion of sexually and gender-diverse youth.<sup>4</sup> As a result, SRHR non-governmental organizations (NGOs) have had to fill in the gaps to ensure that access to data that drives public health intervention is maintained.

One of the drivers of adolescent pregnancy is lack of access to comprehensive sexuality education<sup>5</sup>, and yet the US government has not made any advancements to address adolescent pregnancy prevention through sex education since the establishment of the Teen Pregnancy Prevention Program (TPPP) and the Personal Responsibility Education Program (PREP) in 2010. Through the CDC's Division of Adolescent School Health (DASH), sexual health programming, with the goal of both HIV/AIDS and teen pregnancy prevention, is also provided.<sup>6</sup> Contrastingly, the US continues to fund ineffective abstinence-only-until-marriage (AOUM) programs through the Title V Sexual Risk Avoidance and General Departmental Sexual Risk Avoidance programs.<sup>7</sup>

While the federal government has no uniform policy regarding sex education, individual states have various laws governing the provision of sex education. SIECUS, the Sexuality Information and Education Council of the United States, tracks state school-based sex education policies across all states and the territories. Currently, 27 states and the District of Columbia have laws requiring sex education, either explicitly in statute or through enforced state standards.<sup>8</sup> However, this instruction need not be comprehensive; in fact, only 5 states have comprehensive sex education policies while 39 states require that, if sex education is taught, then sexual abstinence must be stressed.<sup>9</sup> Worse, 14 states provide abstinence-only instruction.<sup>10</sup>

The existence of state sex education policies is, however, not enough. Firstly, requiring sex education instruction does not ensure quality or conformity, as local control allows many school

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<sup>4</sup> Movement Advancement Project, *Disappearing Data: Why We Must Stop Trump's Attempts to Erase Our Communities*, Medium (Feb. 12, 2025) <https://lgbtmap.medium.com/disappearing-data-why-we-must-stop-trumps-attempts-to-erase-our-communities-479b7d0cad31>.

<sup>5</sup> United Nations Population Fund, *Comprehensive Sexuality Education*, <https://www.unfpa.org/comprehensive-sexuality-education> (last visited Mar. 8, 2025).

<sup>6</sup> CDC, *What Works in Schools*, Adolescent and School Health (Dec. 6, 2024) <https://www.cdc.gov/healthy-youth/what-works-in-schools/index.html>.

<sup>7</sup> SIECUS, *Study Shows Federal Abstinence-Only-Until-Marriage Programs are Ineffective in Delaying Sexual Activity among Young People*, <https://siecus.org/study-shows-federal-abstinence-only-until-marriage-programs-are-ineffective-in-delaying-sexual-activity-among-young-people-2/> (last visited Mar. 8, 2026).

<sup>8</sup> SIECUS, *Detailed Insights on U.S. Sex Education Policies*, State Profiles, <https://siecus.org/siecus-state-profiles/> (last visited Mar. 8, 2026).

<sup>9</sup> *Id.*

<sup>10</sup> *Id.*

districts to select their own curricula. Secondly, issues persist with the funding and implementation of sex education even in states with robust policies. The CDC's School Health Profiles can be a resource for tracking the implementation of sex education policies in participating public schools, based on self-reports from school principals and lead health education teachers.<sup>11</sup> According to the 2024 School Health, only 27% of middle schools and 46% of high schools nationwide are teaching all 23 sexual health topics outlined by the CDC as critical for instruction, including pregnancy prevention, sexually transmitted infection (STI) prevention, how to access sexual health services, diversity of sexual orientation and gender identity, and more.<sup>12</sup> Notably, it is unclear whether the CDC can continue its reporting on sexual education implementation in schools, considering federal budget cuts.

## II. *Adolescents' Access to Sexual and Reproductive Health Information and Care - Ongoing Barriers*

Annually in the United States, three out of four women<sup>13</sup> of reproductive age receive one or more SRH services from a medical provider.<sup>14</sup> Access to quality SRH services is vital for ensuring the health and well-being of young people and that these services help young people prevent sexually transmitted infections and unintended pregnancy.<sup>15</sup>

Over the past 30 years, states have expanded minors' authority to consent to services, including care related to sexual activity. This progression reflects the 1977 Supreme Court decision, *Carey v. Population Services International*, that affirmed the constitutional right to privacy for minors to obtain contraceptives in all states.<sup>16</sup> As of August 2023, twenty-five states and the District of

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<sup>11</sup> CDC, *About School Health Profiles*, <https://www.cdc.gov/school-health-profiles/about/index.html> (last visited Mar. 8, 2026).

<sup>12</sup> CDC, *Explore School Health Profiles Questions, 2024*, <https://profiles-explorer.cdc.gov/#/?topicId=T01&subTopicId=ST08> (last visited Mar. 8, 2026).

<sup>13</sup> This paper refers interchangeably to "people who can become pregnant" and "women and girls" as the targets of laws restricting abortion. Although most people who can become pregnant and require abortion services are cisgender women, people with diverse gender identities may also need abortions and are profoundly affected by abortion restrictions. For more information on the need for abortion services amongst trans, non-binary and gender diverse people in the U.S. see Heidi Moseson, et al., *Abortion experiences and preferences of transgender, nonbinary, and gender-expansive people in the United States*, 224 *Am. J. Obstetrics & Gynecology* 4 (2021).

<sup>14</sup> Jennifer Frost, Jennifer Mueller & Zoe Pleasure. (2019). *Trends and Differentials in Receipt of Sexual and Reproductive Health Services in the United States: Services Received and Sources of Care, 2006-2019*, The Guttmacher Institute, (Jun. 2021) <https://www.guttmacher.org/report/sexual-reproductive-health-services-in-us-sources-care-2006-2019>.

<sup>15</sup> Donna Denno, Andrea Hoopes, & Venkatraman Chanda-Mouli, *Effective Strategies to Provide Adolescent Sexual and Reproductive Health Services and to Increase Demand and Community Support*. 56 *Journal of Adolescent Health*, 22-41. [https://www.jahonline.org/article/S1054-139X\(14\)00424-8/fulltext](https://www.jahonline.org/article/S1054-139X(14)00424-8/fulltext); Pourkazemi, R., Janighorban, M., Boroumandfar, Z. et al. (2020). A comprehensive reproductive health program for vulnerable adolescent girls. *Reprod Health*. 17, 13. <https://doi-org.tc.idm.oclc.org/10.1186/s12978-020-0866-7>

<sup>16</sup> *Carey v. Population Services International*, 431 U.S. 678 (1977); *Minors' Access to Contraceptive Services*, The Guttmacher Institute, Aug. 30, 2023, <https://www.guttmacher.org/state-policy/explore/minors-access-contraceptive-services>.

Columbia explicitly allow all minors to consent to contraceptive services, while 24 states explicitly permit minors to consent to contraceptive services in one or more circumstances such as if the minor is married or a parent, or if the physician determines that the minor would face a health hazard if not provided with services.<sup>17</sup> As of April 2023, all 50 states and the District of Columbia allow minors to seek testing and treatment of sexually transmitted infections without parental consent.<sup>18</sup>

Despite increased recognition of adolescents' capacity to consent to SRH services, studies have found that young people may forgo needed SRH services due to various concerns and access barriers, including confidentiality, stigma, unfriendly or judgmental interactions, and fear.<sup>19</sup> Structural obstacles, such as financial constraints, transportation limitations, and lack of access to high-quality health care, further exacerbate the challenges confronted by teens and young adults, especially low-income and other marginalized youth.<sup>20</sup> Healthcare workers themselves have also proven to impact adolescent access to services and information. Despite the right to access SRH services, health care workers can be greatly influenced by their personal beliefs and cultural norms and studies have shown how SRH service providers' judgmental and unfriendly attitudes prevent young adults from accessing these services.<sup>21</sup>

Adolescents in the United States also face legal barriers to SRH services beyond those experienced by adults, including regarding abortion services. Thirty-six states require some form of parental involvement in a minor's abortion decision, either parental notification or parental consent.<sup>22</sup> In these states, young people who cannot safely involve a parent must navigate a judicial bypass process to obtain permission from a judge. While intended as an alternative, the judicial bypass process can be confusing, intimidating, and time-sensitive, particularly for young people experiencing family conflict, violence, or housing instability. Following the 2022 *Dobbs v. Jackson Women's Health Organization* decision, many states enacted abortion bans or severe restrictions, further limiting young people's ability to access care and forcing some to travel long distances across state lines. At least two states have taken the further step of criminalizing those

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<sup>17</sup> *Id.*

<sup>18</sup> Kimberly M. Nelson et al., *Minor Consent Laws for Sexually Transmitted Infection and Human Immunodeficiency Virus Services in the United States: A Comprehensive, Longitudinal Survey of US State Laws*, 113 *American Journal of Public Health*, 397-407 (2023).

<sup>19</sup> Decker, M.J., Atyam, T.V., Zárate, C.G. et al. (2021). Adolescents' perceived barriers to accessing sexual and reproductive health services in California: a cross-sectional survey. *BMC Health Serv Res* 21, 1263. <https://doi.org/10.1186/s12913-021-07278-3>.

<sup>20</sup> Henry J. Kaiser Family Foundation, *Sexual Health of Adolescents and Young Adults in the United States*, Aug. 20, 2014, <https://www.kff.org/womens-health-policy/fact-sheet/sexual-health-of-adolescents-and-young-adults-in-the-united-states/>.

<sup>21</sup> Gilbert Tumwine et al. 'One-size doesn't fit all': understanding healthcare practitioners' perceptions, attitudes and behaviours towards sexual and reproductive health and rights in low resource settings: an exploratory qualitative study, *PlosOne*, (Stefano Federici eds. 15th ed. 2020).

<sup>22</sup> Minors' Access to Abortion Care, The Guttmacher Institute, Jan. 30, 2026, <https://www.guttmacher.org/state-policy/explore/minors-access-abortion-care>.

who assist pregnant adolescents to access legal abortion services in another state, and three other states have attempted to do the same.<sup>23</sup>

The overturning of *Roe v. Wade* left a sexuality education and SRH healthcare vacuum for young people living in hostile, anti-abortion, and abstinence-only states.<sup>24</sup> In fact, in 2025, SIECUS tracked 183 proposed pieces of sex education legislation, the majority of which would restrict youth access to sex education.<sup>25</sup> These efforts also include attempts to censor young people's access to sexual health information outside of the classroom through restricting access to materials in libraries and restricting their access online.<sup>26</sup>

These restrictions further make young people who are already at risk vulnerable to negative health outcomes. Youth of color, LGBTQIA+ youth, youth residing in rural communities, and those living in the South disproportionately experience several sexual health disparities.<sup>27</sup> For example, teen birth rates are disproportionately high in the Deep South.<sup>28</sup> Many of these youth live in communities that already do not have access to sex education in schools or, worse, receive abstinence-only instruction.<sup>29</sup>

In response to these barriers, NGOs across the United States provide legal guidance, confidential support, and travel coordination for young people seeking reproductive health care, including abortion services. These organizations help adolescents navigate complex legal systems, locate providers, and overcome logistical barriers such as transportation, funding, and confidentiality concerns. Such support networks play an important role in ensuring that adolescents—particularly those in restrictive states—can access timely care. However, the evolving landscape has also created new risks for organizations and individuals providing this support, as some states seek to restrict or penalize those who assist people in accessing abortion services across state lines.

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<sup>23</sup> Anna Claire Vollers, *Helping a minor travel for an abortion? Some states have made it a crime*, Stateline, Aug. 23, 2024 at 5:00 AM, <https://stateline.org/2024/08/23/helping-a-minor-travel-for-an-abortion-some-states-have-made-it-a-crime/>.

<sup>24</sup> Rich Barlow, *With Roe v. Wade Gone, Would Better Sex Ed Help Avert Unwanted Pregnancies?*, BU Today, Jul. 6, 2022, <https://www.bu.edu/articles/2022/would-better-sex-ed-help-avert-unwanted-pregnancies/>.

<sup>25</sup> SIECUS, *2026 SIECUS Legislative Look-Ahead: Facts over Fear and the Movement for Inclusive, Evidence-Based Sex Ed* (2026), <https://siecus.org/resource/2026-siecus-legislative-look-ahead/>.

<sup>26</sup> Elizabeth Snyder, *High School Students Explain Why We Can't Let Classroom Censorship Win*, American Civil Liberties Union, Aug. 6, 2026, <https://www.aclu.org/news/free-speech/high-school-students-explain-why-we-cant-let-classroom-censorship-win>.

<sup>27</sup> US Department of Health and Human Services, Sexually Transmitted Infections Workgroup, Health People 2030, <https://odphp.health.gov/healthypeople/about/workgroups/sexually-transmitted-infections-workgroup> (last visited Mar. 9, 2026).

<sup>28</sup> Alexandria Mickler and Jessica Tollestrup, *Teen Births in the United States: Overview and Recent Trends* (Apr. 17, 2025) <https://www.congress.gov/crs-product/R45184>.

<sup>29</sup> Mary Ott & John Santelli, *Abstinence and abstinence-only education*, 19 *Current Opinion in Obstetrics and Gynecology* 5, 446, 446-452 (2007).

Despite efforts, legal restrictions and enforcement practices are exacerbating the vulnerability of migrant children, particularly pregnant youth in immigration custody. Reporting from several media outlets indicates that the U.S. Immigration and Customs Enforcement (ICE) has issued a directive requiring all pregnant minors in custody to be transferred to a single facility in Texas, despite warnings from immigration advocates that the facility lacks adequate medical care.<sup>30</sup> Some of these youth are as young as 13 and experiencing high-risk pregnancies that require specialized medical attention, including access to abortion care.<sup>31</sup> Historically, pregnant minors were placed in shelters or foster homes coordinated by the Office of Refugee Resettlement, where individualized care and medical oversight were more available.<sup>32</sup> The current policy instead concentrates them in a facility owned by a for-profit prison operator in a state where abortion is banned, while simultaneously limiting access for outside health professionals.<sup>33</sup> This policy raises serious concerns about the denial of essential reproductive and prenatal health services and further deepens the vulnerability of already at-risk migrant children in detention.

### *III. Prevention and Intervention: Addressing Root Causes through Policy, Education, and Healthcare Access*

Comprehensive sexuality education is one of the most effective ways to prevent adolescent pregnancy. Comprehensive sexuality education, that is aligned with the National Sex Education Standards, includes instruction in topics like puberty, healthy relationships, contraception, assault and violence prevention, and more.<sup>34</sup> Research shows that teaching comprehensive sexuality education has lowered teen birth rates.<sup>35</sup> Beyond directly reducing teen birth rates, comprehensive sexuality education offers a host of other positive health outcomes, including, but not limited to, dating and intimate partner violence prevention, healthier relationships, social-emotional learning, improved mental health outcomes, especially for sexually and gender diverse youth, and child sexual abuse prevention, that empower youth to have healthier futures.<sup>36</sup> A key project led by the National Association of Community Health Centers with support from the CDC Division of Reproductive Health has contributed to the deeply impactful issue of

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<sup>30</sup> Mark Betancourt, Pregnant Migrant Girls are Being Sent to a Texas Shelter Flagged as Medically Risky, NPR, Mar. 3, 2026, <https://www.npr.org/2026/03/03/nx-s1-5712323/pregnant-migrant-girls-texas-shelter>; Danielle Han, *ICE is Shutting Pregnant Girls in a Facility With Inadequate Care, in an Abortion-Banned State*, Jezebel, Feb. 13, 2026, <https://www.jezebel.com/ice-is-shutting-pregnant-girls-in-a-facility-with-inadequate-care-in-a-state-where-abortion-is-banned>.

<sup>31</sup> Mark Betancourt, Pregnant Migrant Girls are Being Sent to a Texas Shelter Flagged as Medically Risky, NPR, Mar. 3, 2026, <https://www.npr.org/2026/03/03/nx-s1-5712323/pregnant-migrant-girls-texas-shelter>.

<sup>32</sup> *Id.*

<sup>33</sup> *Id.*

<sup>34</sup> Future of Sex Education, *National Sex Education Standards*, <https://siecus.org/wp-content/uploads/2020/03/NSES-2020-2.pdf>.

<sup>35</sup> Nicholas D. E. Mark & Lawrence L. Wu, *More comprehensive sex education reduced teen births: Quasi-experimental evidence*, NCBI, Feb. 14, 2022, <https://pmc.ncbi.nlm.nih.gov/articles/PMC8872707/>.

<sup>36</sup> Eva S. Goldfarb & Lisa D. Lieberman, *Three Decades of Research: The Case for Comprehensive Sex Education*, Jan. 2021, <https://pubmed.ncbi.nlm.nih.gov/33059958/>.

expanded access. The Quality and Access for Reproductive Health Equity (QARE) for Teens project aims to facilitate quality improvements of and increase access to SRH services, including contraception and STI services.<sup>37</sup> Cuts to CDC funding jeopardize the CDC's support to this and similar projects.

The 1970 Title X Family Planning Program, is a federal program dedicated solely to family planning and preventative health services. The program ensures access to high-quality, client-centered family planning care for millions of low-income or uninsured individuals, aiming to address the socioeconomic impact placed on pregnant people. Between 1981 and 2011, Title X-funded clinics prevented more than 5.5 million adolescent pregnancies, resulting in more than 2 million births and 2 million abortions prevented for minors.<sup>38</sup>

A strategy for addressing adolescent pregnancy is increasing funding for federal programs such as TPPP and PREP, supporting DASH, and promoting state sex education policies nationwide. Since 2010, the teen birth rate has declined, in part due to TPPP and PREP funding.<sup>39</sup> However, while these programs are required to use evidence-based curricula, the curricula are not required to be comprehensive or to align with the National Sex Education Standards.<sup>40</sup> Improved federal policy and funding for comprehensive sexuality education, specifically, is necessary to meet the needs of all adolescents. Access to the full continuum of SRH services, including emergency contraception and abortion care, is also critical to addressing unintended adolescent pregnancy.

At the state level, sex education policies, including mandates for school-based sex education, require specific content to be taught within sex education curriculum, and ensuring quality by requiring sex education to be medically-accurate or evidence-based, are some ways states are trying to reduce the incidence of adolescent pregnancy and STIs. Outside of statutory requirements, many states have also updated departmental health education standards, including Massachusetts and New Jersey, as another way of improving the quality of sex education.<sup>41</sup> Enacting comprehensive sex education policies can help to reduce teen birth rates. For example, teen birth rates in California dropped dramatically from 31.6 per live births in 2010 to 10.1 in

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<sup>37</sup> CDC, *Improving Access to Quality Sexual and Reproductive Health Equity*, Reproductive Health (May 15, 2024) <https://www.cdc.gov/reproductive-health/php/teen-pregnancy-projects/qare.html>.

<sup>38</sup> The reason for the prevention of these births are attributed to contraceptives. Rachel Benson Gold, *Title X: Three Decades of Accomplishment*, (Guttmacher Institute, 2001), available at [https://www.guttmacher.org/sites/default/files/article\\_files/gr040105.pdf](https://www.guttmacher.org/sites/default/files/article_files/gr040105.pdf).

<sup>39</sup> Nicholas D. E. Mark & Lawrence L. Wu, *More comprehensive sex education reduced teen births: Quasi-experimental evidence*, NCBI, Feb. 14, 2022, <https://pmc.ncbi.nlm.nih.gov/articles/PMC8872707/>.

<sup>40</sup> SIECUS, *Federal Funding Snapshot*, (2024), <https://siecus.org/wp-content/uploads/2024/05/FY24-Federal-Funding-Snapshot-SEOH-7.pdf>.

<sup>41</sup> Press Release, Governor Maura Healey & Lieutenant Governor Kim Driscoll, Governor Healey's New Comprehensive Health and Physical Education Framework Receives Unanimous Approval (Sep. 19, 2023) (<https://www.mass.gov/news/governor-healeys-new-comprehensive-health-and-physical-education-framework-receives-unanimous-approval>).

2020,<sup>42</sup> in part due to the passage of the California Healthy Youth Act in 2016, which requires schools to provide comprehensive sexuality education in grades kindergarten through twelve.<sup>43</sup> Similarly, the states of Washington and Oregon have also seen a steady decline in teen birth rates, coinciding with more comprehensive sex education policies.<sup>44</sup>

Reducing unplanned adolescent pregnancy cannot occur without supportive legislation and funding at all levels of government, as explained above. Yet the most critical element to success on these issues is ensuring that the youth themselves are involved in not only identifying the problems and gaps in care and education, but in creating the policy solutions.

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<sup>42</sup> California Department of Public Health, *Adolescent Birth Rate Decline in California*, Maternal, Child, and Adolescent Health Division <https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Data/Adolescent-Birth-Rate-Decline-in-California.aspx> (last visited Mar. 9, 2026)

<sup>43</sup> Elizabeth Castillo, *In California, the teen birth rate has hit a record low. How?*, CalMatters, Oct. 30, 2019, <https://calmatters.org/health/2019/10/behind-californias-record-low-teen-birth-rate/>.

<sup>44</sup> *Teen Pregnancy in Oregon: the Good News*, Vol. 63 No. 25, Oregon Health Authority, <https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/COMMUNICABLEDISEASE/CDSUMMARYNEWS/LETTER/Documents/2014/ohd6325.pdf>