



Teen Pregnancy and Sexual Behavior in Alaska

Teenage mothers are less likely to receive adequate prenatal and postnatal care, and more likely to experience labor and delivery complications. They are also more likely to drop out of high school, making it hard to find and keep a job. Infants born to teen mothers are at a higher risk of prematurity, low birth weight, and infant mortality.¹

Seriousness

Healthy People 2010 Targets and National Data

Indicator	Alaska (2009)	Nation	Healthy People 2020 Goals*
Pregnancy rate among teens ages 15-17 rate per 1,000 population	25.0 [†]	40.2 [^] (2005)	36.2
Birth rate among teens ages 15-17 years rate per 1,000 population	17.7 [†]	21.7* (2008)	18.0**
Pregnancy rate among teens ages 18-19 rate per 1,000 population	97.5 [†]	117.7 [^] (2005)	105.9
Birth rate among teens ages 18-19 years rate per 1,000 population	76.9 [†]	70.7* (2008)	--
Among students who were currently sexually active, the percentage who did not use a condom during last sexual intercourse	44.1% - F [‡] 31.1% - M	46.4% - F [‡] 31.4% - M (2009)	41.9% - F 14.3% - M
Among students who were currently sexually active, the percentage who did not use birth control pills or Depo-Provera before last sexual intercourse	64.8% - F 73.7% - M [‡]	72.6% - F [‡] 81.7% - M (2009)	--

The Alaska teen pregnancy rate is the total number of births, fetal deaths, and abortions per 1,000 females in that age group. Out of state occurrences of abortion are not included. The teen birth rate is the total number of live births per 1,000 females in that age group.

** Healthy Alaska goal

- In 2009, the pregnancy rate among younger Alaska teens (15-17 years) and older teens (18-19 years) were 40% and 18% respectively lower than the 2004 national rates for U.S. teens.[†]
- In 2009, the birth rate among younger Alaska teens was 18% lower than the 2008 U.S. rate. the birth rate among older Alaska teens was 9% higher than the 2008 U.S. rate.[†]
- In 2009, the proportion of sexually active students who did not use birth control pills before last sexual intercourse was significantly less for Alaska than for

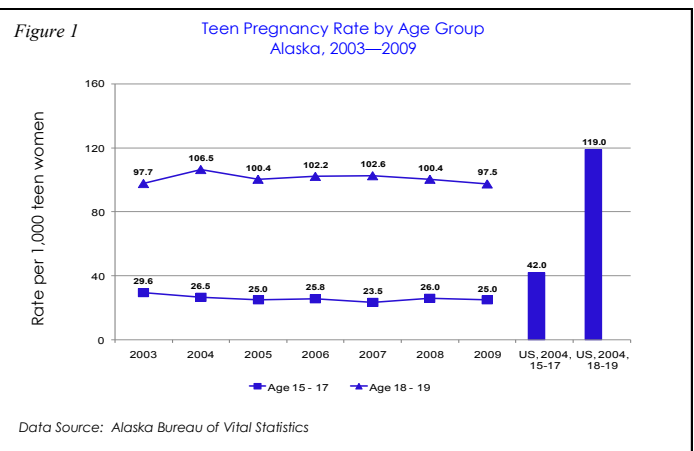
the nation, 74% and 80% respectively.[‡] The proportion of sexually active students not using condoms during last sexual intercourse was about the same, 38% and 39% for Alaska and the U.S., respectively.[‡]

Severity

Teen pregnancy risks include several adverse outcomes affecting both mother and infant. Compared to adult mothers, infants born to teen mothers have a low birth weight incidence 2 times higher and a neonatal mortality rate 3 times higher. Maternal mortality rates are 2 times higher among teen mothers. Furthermore, teen mothers are more likely to experience poor maternal weight gain, preterm birth, pregnancy induced hypertension, anemia, and sexually transmitted diseases.²

Teen pregnancy is also associated with several critical social issues including poverty and income, overall child well-being, education, child welfare and out-of-wedlock births.²

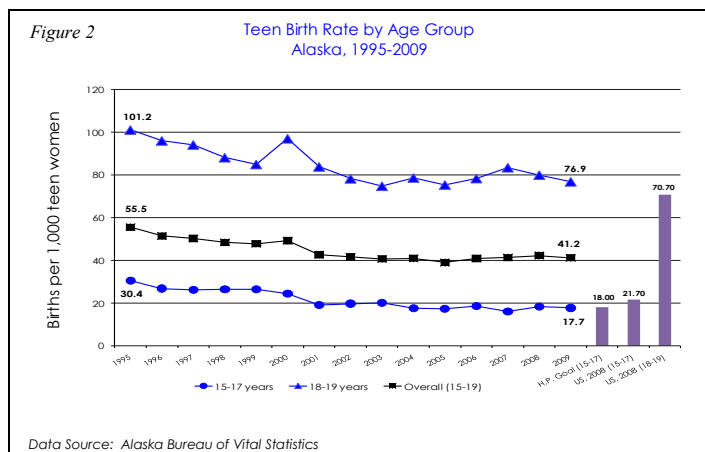
Teens are at highest risk for acquiring STDs because they are more likely to have multiple sex partners and engage in risky behaviors associated with sexually transmitted diseases (STDs).³



Urgency

Teen Birth Rates

In 2006 and 2007, the national birth rates among teens rose for the first time since 1991, after reaching record lows in 2005. U.S. rates declined in 2008. Alaska experienced increases in 2006, 2007, and 2008, and a slight decline in 2009. (Figure 1)



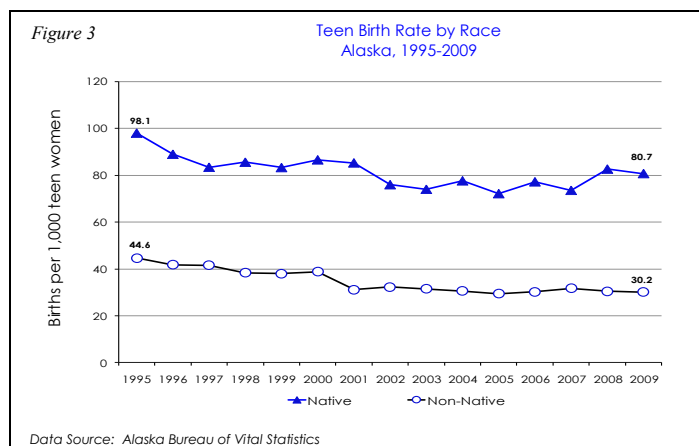
- Over the last 15 years, Alaska teens 15-17 years old consistently experienced a lower birth rate than the U.S. while older Alaska teens 18-19 years old have consistently experienced a higher birth rate than the U.S.[†]
- Over the last 15 years, the birth rate among younger Alaskan teens 15-17 years old dropped nearly 42%, from 30.4 to 17.7 per 1,000. Among older teens 18-19 years old, the birth rate dropped 24%, from 101.2 to 76.9 per 1,000.[†] (Figure 3)
- Nearly 17% of teen births are to teen mothers who had already experienced a birth.

Sexual Activity

Results from the 2009 Alaska Youth Risk Behavior Survey (YRBS) showed that although indicators of risky sexual behaviors among Alaskan high school students (grades 9 through 12) didn't change from 2007, there has been real improvement in some areas since 1995.⁴

- The percent of high school students that ever had sexual intercourse (43.5%) is slightly less than 1995 (47.2%) but the difference is not statistically significant.⁴
- Among students reporting they ever had sexual intercourse, 11.4% had four or more sex partners during their lifetime. This is a decrease from 1995 (17.1%) but not a significant change from 2007 (13.4%).⁴

- In 2009, 5.1% of high school students in Alaska had sexual intercourse for the first time before age 13, compared to 4.4% in 2007 and 8.4% in 1995.
- Among currently sexually active high school students, 37.8% reported not using a condom during their last sexual intercourse, compared to 39.2% in 2007 and 46.3% in 1995.⁴
- Seventeen percent of currently sexually active high school students reported drinking alcohol or using drugs before their last sexual intercourse. This is



lower than 1995 (26.8%) but not significantly different from 2007 (22.1%).⁴

- In 2009, 16% of high school students were never taught about AIDS or HIV infection in school. This is an increase from the 1995 level of 7.9%.

Disparities

Births to Teens

- In 2009, the birth rate among older Alaska teens (18-19 years) was four times higher than the birth rate among younger teens (15-17 years).[†]
- From 1995-2009, both the Alaska Native and non-Native teen birth rates declined significantly (18% and 32%, respectively). However, in 2009 the birth rate for Alaska Native teens was more than two and a half times the rate for non-Native teens.[†]

Economic Impact

In Alaska, the public cost associated with teen childbearing is conservatively estimated to be \$32 million in 2004, half paid by the federal government and half by the state. This estimate captures net costs – those costs over and above what would have been incurred if a person with similar characteristics to the teen mother delayed childbearing until age 20 or 21. The estimate includes \$13 million for public health care (Medicaid and SCHIP), \$8 million for child welfare services and \$11 million for incarceration of sons of teen mothers. The average annual cost of teen

childbearing is \$1,825 per teen birth. However, the cost of births to younger teens is higher than that for older teens. The average annual cost associated with a child born to a mother 17 and younger is \$5,909.⁵

Interventions & Recommendations

The National Campaign to Prevent Teen Pregnancy has identified 23 programs having the strongest evidence of success in delaying sexual activity, improving contraceptive use and/or preventing teen pregnancy. These programs can be divided into three categories:

- Curriculum-based sex education that discusses abstinence and contraceptive use, offered as part of school classes or after school programs.
- Youth development programs that keep young people engaged in their communities and schools.
- A broad approach that combines health care, academic assistance, sex education, participation in the arts and sports, and employment assistance.

Intervention Effectiveness

Researchers found that the effective programs convey a clear message such as not having sex or that using contraception consistently and carefully is the right thing to do. Other characteristics of effective programs include addressing peer pressure, teaching communication skills and selection of good leaders. The best way for a community to select an effective program is to choose one that is effective with a similar group of teens and implement that program as it was designed, without changes.⁶

A 2007 evaluation of four federally funded (Title V, Sec. 510) abstinence education programs showed the programs had no impact on rates of sexual abstinence, average age at first sexual intercourse, or number of sexual partners. These programs targeted upper elementary and middle school children. There is no information on what the effects might have been if the programs were implemented for high school youth.⁷

Capacity

Propriety

Teen pregnancy is a serious public health issue that falls within the overall mission of the Women's, Children's, and Family Health (WCFH) Section. National indicators related to reducing teen pregnancy and STDs by promoting responsible sexual behavior have been developed (HP2010) and WCFH is required to monitor and assess teen birth rates on a yearly basis for the Title V Block Grant.

Economic Feasibility

Economic feasibility of teen prevention programs can be evaluated by comparing the estimated costs of teen pregnancy to estimated costs of existing prevention programs.

Acceptability

According to a national survey, 94% of adults and 92% of teens believe it is important for teens to be given a strong message from society that they should not have sex until they are at least out of high school. At the same time, they also strongly support giving young people information about contraception. For those teens having sex, a clear majority of Americans believe that teens should have access to contraception. Sixty percent of teens wish they were getting more information about both abstinence and contraception. The survey also revealed that parents underestimate their own influence on their teens' decisions about sex. Eighty-eight percent of teens say it would be easier to postpone sexual activity and avoid teen pregnancy if they were able to have more open, honest conversations about these topics with their parents. The quality of the parent/child relationship can make a real difference.⁸

Resources

Data Sources: Alaska Bureau of Vital Statistics; Alaska Youth Risk Behavior Survey.

The Adolescent Health Program (Section of Women's, Children's and Family Health) seeks to promote positive youth development and prevent or reduce negative health outcomes. One focus is avoiding early initiation of sexual activity and teen pregnancy.

Legality

In April 2006, Alaska Statute 11.41.436 was amended by SB 218 to significantly increase sentence lengths for the most serious sexual offenses against victims less than 13 years of age, to a minimum of 25 years. It also restructures and increases sentences for other sex crimes. Alaska Statutes are available online on the Alaska Legislature's website.

References

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- ³ Alaska Division of Public Health, Section of Epidemiology. Prevention and Control of Gonorrhea and Chlamydia in Alaska. Epidemiology Bulletin, Recommendations and Reports; 3(5), September 1999.
- ⁴ Alaska Youth Risk Behavior Survey (YRBS). Data in: Centers for Disease Control and Prevention. Youth Online: Comprehensive Results. Available at <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>. Accessed Oct 2010.
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- ⁶ Kirby D. Emerging Answers: Research Findings on Programs To Reduce Teen Pregnancy. The National Campaign to Prevent Teen Pregnancy. Washington,

D.C. May 2001. Electronic version retrieved March 19, 2007 from <http://www.teenpregnancy.org/resources/data/pdf/emeranswsum.pdf>

⁷ Trenholm C, Devaney B, Fortson K, Quay L, Wheeler J, Clark M. Impacts of Four Title V, Section 510 Abstinence Education Programs, Final Report, April 2007. Washington D.C.: U.S. Dept of Health and Human Services.

⁸ National Campaign to Prevent Teen Pregnancy (2003). *With One Voice 2003: America's Adults and Teens Sound Off About Teen Pregnancy*. Washington, DC: Author

Data Sources

[†] Alaska Bureau of Vital Statistics, 2010 Data. Pregnancy statistics available from http://www.hss.state.ak.us/dph/bvs/birth_statistics/Pregnancy_Rates/body.html.

[‡] Centers for Disease Control and Prevention. YRBSS: Youth Risk Behavior Surveillance System. Youth Online: Comprehensive Results, e-Statistics retrieved Oct. 20, 2010 from <http://apps.nccd.cdc.gov/yrbss/>.

[^] HealthyPeople.gov. Healthy People 2020, Family Planning Objectives. Retrieved Feb. 98, 2011 from <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=13>

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