

Teen Births and Adolescent Sexual Health in Alaska

Sexual Activity

Like the general population, Alaska adolescents may engage in risky sexual behaviors that can result in negative consequences, including the transmission of human immunodeficiency virus (HIV) infection, other sexually transmitted diseases (STDs), and unintended pregnancies.

Information on sexual and other health-risk behaviors among youth in Alaska is collected via the Alaska Youth Risk Behavior Survey (YRBS). The YRBS is a biennial survey of students in grades 9 - 12 who are enrolled in traditional public high schools (excluding boarding, correspondence, home study, alternative, and correctional schools). The survey, which is completed in school, is anonymous and voluntary.

Comparing the prevalence of sexual risk behaviors among Alaska traditional high school students between 1995 and 2013 indicates the following:

- The number of students reporting ever having sexual intercourse significantly decreased from 47.2% in 1995 to 38.6% in 2013.*
- Among students who were sexually active, the number of students who reported using a condom before last sexual intercourse did not significantly increase from 53.7% in 1995 to 60.4% in 2013.
- The number of students who reported sexual intercourse with four or more people during their life significantly decreased from 17.1% in 1995 to 10.5% in 2013.¹

A comparison of the prevalence of sexual risk behaviors between Alaska and U.S. traditional high school students in 2011 indicates the following:

- 38% of Alaska students reported ever having sexual intercourse, significantly lower than 47% nationally.
- 10% of Alaska students reported having sexual intercourse with four or more people during their life, significantly lower than 15% nationally.
- 60% of Alaska and U. S. students reported using a condom during their last sexual intercourse.²

* Differences noted as significant in this document were tested at $p \leq 0.05$.

Teen Births

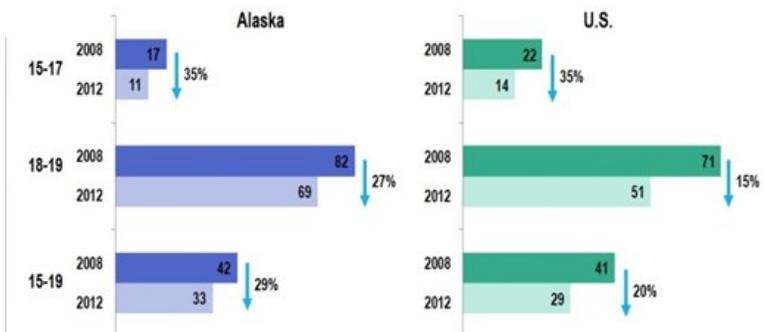
The teen birth rate has been declining nationally since 1991, when it reached a high of 61.8 per 1,000 adolescents aged 15-19. This decline continued between 2011 and 2012 when the teen birth rate in the U.S. declined from 31.3 per 1,000 adolescents aged 15-19 years in 2011 to 29.4 in 2012, the lowest rate ever reported for the U.S. Rates declined for age groups 15-17 and 18-19, and for nearly all race and Hispanic origin groups. In 2012,³ Alaska had the 14th highest teen birth rate in the nation.

Alaska teen birth rates presented in the figures and text below were prepared by the Maternal and Child Health Epidemiology Unit. These rates include live births to Alaska residents that occurred within the state. They do not include out of state births to Alaska residents.⁴

Alaska's teen birth rate has also been declining since 1991. In 1991, there were 64 per 1,000 adolescents aged 15-19, in 2012 there were 33 per 1,000. Figure 1 illustrates the decline in teen birth rates in the U.S. and Alaska between 2008 and 2012.

Figure 1

Birth Rates per 1,000 Teen Population by Age Group
Alaska and U.S., 2008 and 2012



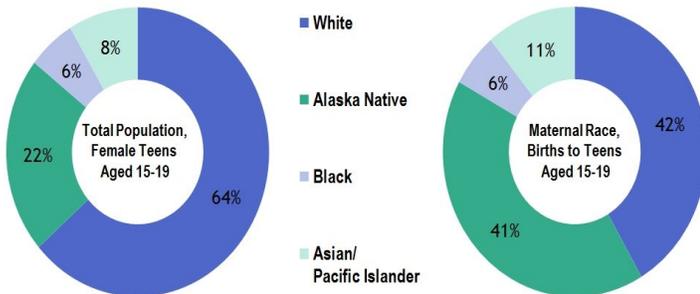
Sources: Alaska Bureau of Vital Statistics and CDC National Vital Statistics. Prepared by MCH-Epidemiology

- In 2012, the 15-17 year old teen birth rate for Alaska was 11.2 per 1,000 teens, with 165 births to mothers in this age group.
- In 2012, the 18-19 year old teen birth rate for Alaska was 69.2 per 1,000 teens, with 622 births to mothers in this age group. This is significantly higher than the 15-17 year old teen birth rate.

Figure 2 illustrates the racial distribution of 15-19 year old females in the total population in 2012 and the maternal race distribution of teen births in 2012.

Figure 2

Distribution of 15-19 Teen Population and Births by Race, Alaska, 2012



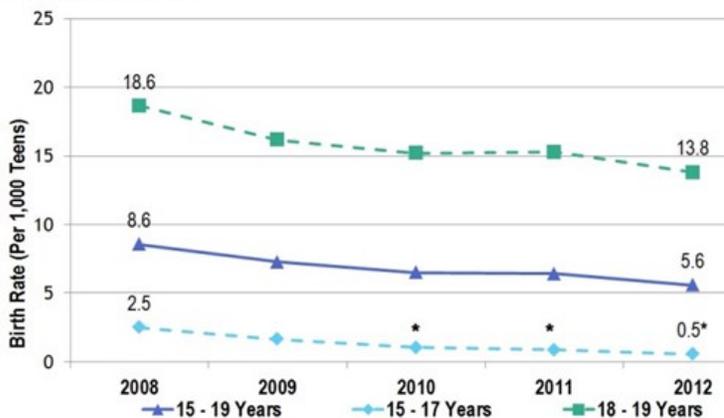
Sources: Alaska Bureau of Vital Statistics and Alaska Department of Labor. Prepared by MCH-Epidemiology

- In 2012, the birth rate (per 1,000 teens) among Alaska Native adolescents was 62.0, compared to 21.6 among Whites, 34.0 among Blacks, and 42.4 among Asian/Pacific Islanders. The birth rate of Hispanic adolescents was 41.0, compared to 30.9 among non-Hispanic adolescents.

Figure 3 illustrates the decline in repeat births, births to mothers who have already experienced a birth, between 2008 and 2012 for all teens, as well as for those aged 15-17 and those aged 18-19.

Figure 3

**Repeat Birth Rates per 1,000 Teens by Age Group
Alaska, 2008-2012**



* Rates based on fewer than 20 occurrences are statistically unreliable, use with caution.

Sources: Alaska Bureau of Vital Statistics. Prepared by MCH-Epidemiology

- In 2012, the repeat teen birth rate for adolescents aged 15-19 was 5.6 per 1,000. This was predominantly composed of births to 18-19 year olds, who had a birth rate of 13.8 per 1,000.
- In 2012, 16.8 percent of all births among those aged 15-19 years old were repeat births.

Impact of Teen Births

An analysis from The National Campaign to Prevent Teen and Unplanned Pregnancy indicated that teen childbearing in Alaska may cost taxpayers at least \$39 million in 2010. Taxpayer costs associated with children born to teen mothers included public health care (Medicaid and CHIP), increased risk of participation in child welfare; and, for children who have reached adolescence or young adulthood, increased risk of incarceration and lost tax revenue due to decreased earnings and spending.⁶

Teenage childbearing has been the long-standing subject of concern among the public as well as policy makers. Adolescents who give birth are much more likely to deliver a low birth weight or preterm infant than older women.^{7,8} Babies born to teen mothers are at elevated risk of dying in infancy.⁹

Sexually Transmitted Diseases

Sexually Transmitted Diseases (STDs) are preventable diseases that can have long term health consequences if they are contracted. Compared with adults aged 25 and over, sexually active youth aged 15-19 years and young adults aged 20-24 years are at higher risk of acquiring a STD for a combination of behavioral, biological, and cultural reasons.¹⁰

Alaska has had the first or second highest rate of *Chlamydia trachomatis* (CT) in the nation since 2000. Untreated CT infection can cause pre-term labor, pelvic inflammatory disease, (PID) ectopic pregnancy, and infertility in women; and epididymitis and Reiter's syndrome in men. Additionally, CT can facilitate the transmission and acquisition of human immunodeficiency virus (HIV).¹¹

- Alaska's CT rate in 2012 was 749 cases per 100,000 persons. The 2012 rate decreased 7% compared to 2011; however Alaska's CT rate remained far above the 2012 U.S. rate of 448 per 100,000 persons.¹¹
- In 2012, adolescents aged 15-19 years accounted for 24% of all CT cases in Alaska, with a rate of 2,679 cases per 100,000 persons (compared to an overall rate of 749 cases per 100,000 persons of all age groups). The rates in this age group by sex were 4,456 cases per 100,000 females and 1,066 cases per 100,000 males.¹²

Alaska is currently experiencing a *Neisseria gonorrhoea* (GC) epidemic that started in 2008 and peaked in 2010. Untreated or inadequately treated GC infection can result in pre-term labor, PID, ectopic pregnancy, and infertility among women; and epididymitis and infertility among men. Like CT, GC infection also increases the likelihood of transmission and acquisition of HIV.¹³

- In 2012, teenagers aged 15-19 years accounted for 12% of the gonorrhoea cases, with a rate of 173 cases per 100,000 persons (compared to an overall rate of 100 cases per 100,000 persons of all age groups). The rates in this age group by sex were 253 cases per 100,000 females and 100 cases per 100,000 males.¹²
- There were 59 cases of HIV reported to the state of

Alaska in 2013. Of those, 8 cases (14%) were in individuals aged 15-24 years.¹⁴

Prevention Recommendations

A combination of medically accurate information and skilled instruction, access to healthcare, and positive youth development strategies have been shown to reduce rates of sexually transmitted infection and unintended teen pregnancy.

Evidence-based teen pregnancy prevention programs typically address specific protective factors on the basis of knowledge, skills, beliefs, or attitudes related to teen pregnancy and STDs. Adolescents need access to youth-friendly clinical services. Parents and other trusted adults can help youth make healthy choices about relationships, sex, and birth control.¹⁵

The National Campaign to Prevent Teen Pregnancy has identified 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 five categories:

- Curriculum-based sex education that discuss abstinence and contraceptive use, offered as part of school health classes or after school programs. Guidance on such curricula have been developed by the ongoing initiative, the Future of Sex Education; and can be the National Sexuality Education Standards: Core Content and Skills, K-12 (<http://www.advocatesforyouth.org/publications/publications-a-z/1947-future-of-sex-education-national-sexuality-education-standards>).
- Service learning programs that keep young people engaged in their communities and schools.
- Youth development programs that take a broader approach and combine health care, academic assistance, sexual health education, participation in the arts and sports, and employment assistance.
- Parent programs that involve both parents and adolescents, and that seek to improve parent-child communication.
- Community-wide programs that encourage involvement from the entire community, beyond just adolescents and their parents.

Intervention Effectiveness

Researchers have demonstrated that effective programs convey clear messages: that not having sex and that using contraception consistently and carefully prevent pregnancy. Addressing peer pressure, teaching communication skills, and actively engaging participants and leaders are key characteristics of interventions that work. Programs should reflect the age, sexual experience, and culture of the participants. The best way for a community to select an intervention is to choose one that best reflects local values, opportunities and budget. The intervention should be implemented as it was designed and evaluated, without changes.¹⁶

Local Interventions

- In 2010, the Alaska Division of Public Health Section of Women's, Children's and Family Health began a five year research project called the Alaska Promoting Health Among Teens (AKPHAT), in collaboration with the Alaska Youth Advocates, Cook Inlet Tribal Council, Kachemak Bay Family Planning Clinic, Tundra Women's Coalition, and the University of Alaska Anchorage Institute of Social and Economic Research. AKPHAT teaches abstinence education with negotiation and refusal skills, the benefits of delaying sexual onset, role plays, and comprehensive sexuality education. The curriculum is intended to empower peer educators and the participants to make healthy and positive decisions about their sexual health.
- In collaboration with the Department of Education and Early Development, Alaska Network on Domestic Violence and Sexual Assault, Council on Domestic Violence and Sexual Assault, and the Alaska Division of Public Health Section of Women's, Children's and Family Health provides training and curriculum materials for schools throughout Alaska to implement an evidence-based healthy relationships curriculum adapted for use in Alaska. The *Fourth R Healthy Relationships Program* for grades 7-9 is embedded in physical and health education classes to reduce violence, dating violence, and other adolescent risk behaviors through negotiation, delay, and refusal skill development.
- Additionally, there are other programs like the Alaska Native Tribal Health Consortium's Division of Community Health that offers online resources for adolescents and parents, such as www.iknowmine.org. Planned Parenthood of the Great Northwest offers a variety of youth driven intervention programs focused on delaying unintended pregnancies in Alaska youth. By using both youth development and peer education models, the programs offer a chance for participants to build practical life skills while lowering their chance of unintended pregnancy.

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