Why is it a public health issue?

Teen pregnancy is a complex issue that must be addressed in a multipronged approach to effectively address the root causes and thus, support young people in becoming positive members of society. Unplanned pregnancies continue to be a public concern for the following key reasons:

- Elevated health risks for the teen mothers and their infants.
- Significant public cost associated with teen child bearing is estimated at $10.9 billion annually.¹
- Risky behaviors such as unprotected vaginal, anal, or oral sex increases the risk of contracting a STI, including HIV.

Despite the long-term decline of teen childbearing in the United States since the late 1950s, the U.S. teen birth rate remains one of the highest among other industrialized countries.¹

Impact of Teen Births

Credible research demonstrates that teens who give birth tend to have preexisting disadvantages compared with those who do not. For example, teen women who become mothers tend to exhibit poorer psychological functioning, lower levels of education attainment, more single parenthood, and less stable employment than do those with similar backgrounds who postpone childbirth. Relative to older mothers, teen mothers tend to experience slightly more pregnancy-related problems and have less healthy infants. Additionally, teens are more likely to smoke during and after pregnancy. Exposure to tobacco smoke directly increases an infant’s risk of bronchitis, asthma, pneumonia, reduced lung capacity, sudden infant death syndrome, and middle-ear disease and infections.²

Regarding the development, preschool children of teen mothers tend to show some delay of cognitive development as well as more behavioral problems and more aggressive behavior than do children of older mothers. Research shows that teenage children of teen mothers experience high rates of grade failure, delinquency, and early sexual activity. Children of teen mothers also are more likely to experience abuse and neglect and more likely to be placed in foster care. Fathers of children of teen mothers tend to achieve less education and lower earnings over time than do their non-parenting peers, most likely due to the early focus on working at the expense of education.²

Additionally, the economic costs to society associated with teen births cannot be ignored. It is estimated both tax payer and societal cost for California teen births, yielding an annual total net cost to taxpayers of $870 million and an annual total net cost to society of $3.6 billion.²

HIV in Adolescence

The rates of HIV diagnosis has stabilized in the older population, however, the rate of HIV diagnoses from 2006-2009 increased in teens 15-19 and young adults 20-24 years of age. The Centers for Disease Control and Prevention (CDC) estimates that more than half of all undiagnosed HIV infections are youth ages 13-24. Within the adolescent population, almost 70 percent of teens diagnosed with HIV are among African American and almost 80 percent of all adolescent infections are males. Although 13-19 year-olds represent only 4.8 percent of new HIV diagnoses, it is likely that many young adults between the age of 20-30 may have become infected with HIV during their teen years. Although HIV testing is widely available, 46 percent of high school students have had sex at least once, yet only 13 percent report to ever having had an HIV test. It is vital to take a comprehensive, positive youth development approach to address teen pregnancy and STI rates if we are to make a significant impact.³

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National Data on Teen Births

Nationally teen birth rate for U.S. teenagers fell 9 percent from 2009 to 2010, to 34.3 per 1000 (367,752), the lowest level reported in seven decades. The 2010 rate was 44 percent below the recent peak in 1991 and 64 percent lower than the all-time high level of 96.3 recorded during the baby boom year of 1957. Birth rate for teens age 15-17 dropped 12 percent, from 19.6 per 1000 in 2009 to 17.3 in 2010. The 2010 rate was less than one-half the level in 1991 (38.6).¹

Among racial and ethnic groups, teen birth rates for ages 15-19 declined to a historic low in 2010, but disparities remain. Rates declined by 9 percent for non-Hispanic white and non-Hispanic black teenagers, by 12 percent for American Indian or Alaska Native (AIAN) and Hispanic teenagers, and by 13 percent for Asian or Pacific Islander (API) teenagers from 2009 to 2010.¹
Although rates have declined among all racial and ethnic groups, 2010 pregnancy rates for non-Hispanic black (51.5 per 1,000 age 15-19) and Hispanic teens (55.7 per 1,000 age 15-19) were more than two times higher than the rate for non-Hispanic white teens (23.5 per 1,000 age 15-19).¹

If the 1991 birth rates continued, there would have been an estimated 3.4 million additional births to teenagers from 1992 through 2010. These estimated additional births reflect the changes in the female population. From 1992 through 2010, the population of teenagers grew 28 percent overall, while the Hispanic teen population increased by 110 percent. In comparison, the number of non-Hispanic white teenagers increased 8 percent and non-Hispanic black teenagers increased 27 percent.¹
Teen birth rates declined in all but three states during 2007-2010. Specifically, rates fell by 8 percent in 47 states and the District of Columbia. Declines in 16 states ranged anywhere from 20 percent to 29 percent. However, rates did not change significantly in Montana, North Dakota, and West Virginia. These rates continue to vary significantly across states from 15.7 in New Hampshire to 55.0 in Mississippi in 2010. Rates tended to be highest in the South and Southwest and lowest in the Northeast and Upper Midwest.¹
State Data on Teen births

In California, teen birth rate dropped to a record low in 2010, to 29.0 per 1000. The rate declined 10 percent from 32.1 in 2009 to 2010 and significantly declined 59 percent from a record high of 70.9 in 1991. In comparison to the U.S. teen birth rates in 2010 (34.3), California’s teen birth rate is 15 percent (29.0) lower than the national rate.4

Teen birth rates also declined in all major racial and ethnic groups in California. Teens age 18-19 experience a decline of 9 percent from 53.5 in 2009 to 48.6 in 2010. Within the 15-17 age group, the teen birth rate dropped from 17.5 to 15.2, representing a 13 percent reduction. While Hispanic teens ages 15-19 continue to have the highest birth rates in 2010, this ethnic group demonstrated the second highest decline at 11 percent from 50.8 in 2009 to 45.0 in 2010. African-American teen birth rate dropped from 37.0 in 2009 to 34.0 in 2010, representing a decrease of 8 percent. Among the Asian or Pacific Islander teens and white teens had a reduction of 14 and 8 percent.4

4 California Department of Public Health, Center for Family Health, Office of Family Planning, October 2011.
California Teen Birth Rates by Age Group, 2000-2010

Prepared by: California Department of Public Health, Center for Family Health, Office of Family Planning, October 2011.
California’s teen population appears to be leveling-off; however changes in its composition can influence the teen birth rate. In 2000, nearly equal proportions of female teens were Hispanic (39%) and White (38%); by 2010, Hispanics comprised 47% and Whites 33%. The teen female population had a 25% increase from 2000 to 2010, however, within the same time frame, teen birth rate and the number of teen births are down 38 percent and 22 percent, respectively due to implementing a number of programs aimed at preventing teen pregnancy.⁴
California Teen Birth Rates, Number of Teens, & Number of Teen Births, 2000-2010


Prepared by: California Department of Public Health, Center for Family Health, Office of Family Planning, October 2011.
Alameda County Data on Teen Births

Teen births rates in Alameda County overall is decreasing for all racial and ethnic groups. According to Alameda County Public Health Department Community Assessment Planning and Evaluation (CAPE) three year trend data on teen birth rates, there has been a 54 percent decrease from 1990-1992 (53.5) to 2008-2010 (24.6). Despite the significant decrease in teen birth rates, the Latino and African-American population still represent the highest teen birth rates in Alameda County, representing 46.8 per 1,000 and 45.5 per 1,000, respectively.\(^5\)

\(^5\) Alameda County Public Health Department Community Assessment Planning & Education (CAPE) Unit. 2010.
In 2010, Alameda County had a total of 1,060 teen births, with Latinos representing 53.5 percent (567), African-Americans representing 27.0 percent (286), White representing 8.5 percent (90), and Asians representing 4.6 percent (49).\(^5\)
Furthermore, in Alameda County among the population ages 10-19, Pacific Islanders, Latinos, and Asians were the most growing ethnic and racial groups from 2000 to 2010, with an increase of 28 percent, 27 percent, and 23 percent, respectively. In comparison, White and African-American ethnic and racial groups decreased during the same years, with a decrease of 23 percent and 19 percent.\textsuperscript{5}
According to the California Department of Education, the 4-year high school dropout rate in Alameda County is 26.7 percent, representing 46 percent that are African-Americans, 40 percent Native American or Alaska Natives, and 31 percent Latinos.\(^6\) It is reported 42 percent of youth are on free and reduced lunches\(^8\) and homicide/unintentional injuries account for two-thirds of deaths in Alameda County ages 1-24.\(^5\) Within Alameda County, 22 percent of youth ages 14-17 are sexually active and nearly half did not use a condom the last time they had sex.\(^7\) Latino youth continue to increase in population more rapidly than any ethnic group and comprise the largest youth population in Alameda County.

### Oakland Data on Teen Births

A lack of supportive family structure, poverty, homicide, high school drop-out, sexually transmitted infections (STI), obesity, alcohol, drug, and mental health issues are among a few health and wellness issues that put Oakland youth at risk of engaging in risky behaviors that may lead to unplanned pregnancies.

In Oakland, Latino youth comprise the largest ethnic group of middle school students in Oakland Unified School District (OUSD), followed by African-American youth. Together, these two groups represent 78 percent of 6 grade youth in OUSD, with Latino youth

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\(^{6}\) California Department of Education, 2011.

\(^{7}\) California Health Interview Survey, 2011.
representing 46.6 percent, approximately 987 students and African-American youth representing 31.4 percent, approximately 869 students.8

Demographic Shifts

- Oakland is experiencing soaring unemployment rates in 2000 from 3.6% in our county vs. 5.1% in Oakland, to more than doubling in 2012 to 8.9% and 13.5% respectively.9
- In East Oakland over 10% of homes are in foreclosure (the most in Oakland/county) causing homelessness, and stress to the most vulnerable populations.
- Changes in our demographic population have had an impact. The OUSD population has shifted from 1999 to 2011 declining for African Americans from about 48% to less than 31%; and increasing for Latinos from less than 27% to over 40%.8
- The number of foreign born Oakland residents has increased by 2% from 2000-201010 and the portion of students eligible for free and reduced price lunch has increased by 21% from 2002 to 2011.8

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8 Education Data Partnership. 2012.
10 U.S. Census Bureau. 2012.
Lack of Knowledge and Communication Skills

Personal interactions, youth focus groups, informal interviews with parents and teachers and discussions with health educators and other service providers working in the community have informed our understanding of attitudes, beliefs, and values in Oakland and in Alameda County related to teen pregnancy.

- Youth need support in developing decision-making skills and identifying unhealthy behaviors/attitudes in a relationship.
- Many youth also lack knowledge of anatomy and physiology, birth control and proper condom use.
- Youth face many pressures in relation to sex. Boys and male adolescents often learn that they must have multiple partners to prove their manhood. They experience peer pressure to have sex at any cost because they believe that “everyone is doing it.”
- Teen pregnancy is seen as a normative behavior. Many young people have mothers who were teen mothers themselves. Older siblings and cousins and other role models within the community also experienced teen pregnancy. There is still a lot of work that needs to be done to shift this normative behavior to one that puts more emphasis on motivations to avoid pregnancy.

Access to condoms/other contraceptives

- Many youth do not know where to get condoms and other contraception and are unaware that they can access services for free.
- If they do know where to get them, they fear loss of confidentiality and/or the need for parental consent.

What are gaps/challenges?

- **Racial/Ethnic Diversity.** It is important to highlight the racial/ethnic diversity among youth because their experiences and risks differ significantly by race/ethnicity. Nonetheless, these differences will have implications on how teen pregnancy prevention interventions are tailored and delivered.
- **Health & Social Disparities.** The data shows that there are significant health and wellness disparities by race/ethnicity. Although all young people are at risk of engaging in risky behavior because it is a natural part of the coming of age developmental process, these disparities imply that targeted programming and resources must be developed and delivered to high-risk youth.
- **Competing for Academic Time.** Some school administrators have competing priorities stemming out of the pressure to achieve high student academic performance.
- **Parent Concerns.** Across all schools there has been parent concerns regarding the comprehensive sexual health education Curriculum. Parents are under the impression that reproductive health education will motivate their children to engage in sexual activity.
• Community Resources. Lack of access to community youth friendly services and resources. School-based health centers do not provide students with condoms on-site, resulting in students being referred or prescribed a prescription for condoms at a clinic/pharmacy. These students must take public transportation to get this basic need and/or do not follow through with the prescription.

• Disenfranchised Youth. Data shows youth that are homeless, in foster care, identify as LGBTQQIA, substance abusers, and are immigrants are at greater risk for teen pregnancy, STIs and HIV and early parenting because these youth have little access to information about sexuality and do not receive consistent messages about teen pregnancy prevention.
  - Foster care youth, both boys and girls alike, are less likely to use contraception at first sex compared to their non-foster care peers.\textsuperscript{11}
  - Teen girls in foster care are two and a half times more likely than their peers not in foster care to experience pregnancy by age 19.\textsuperscript{11}
  - Half of 21-year-old men aging out of foster care report they had gotten someone pregnant; compared to 19% of their peers who were not in the system.\textsuperscript{11}
  - Juvenile and Family Court systems recognize teen pregnancy prevention as an issue in their professional role.\textsuperscript{11}

What is working?

• Bringing resources and confidential services to where youth are at. In 2000 Alameda County had five school based health centers. Today we have 16 SBHCs, with an additional 10 in the planning phases so that our youth will have increased access to quality health services.

• Supportive OUSD School Board Policy & Administration. The OUSD School Board has backed the provision of a comprehensive sexual health education curriculum in accordance with State Education Code and has adopted a formal condom distribution policy to support access to condoms at school sites.

• Comprehensive reproductive health, STD & HIV Curriculum. In partnership with Asian Health Services and Girls Incorporated of Alameda County, ACHPD is providing an evidenced-based Teen Pregnancy Prevention (TPP) educational program called Making Proud Choices! It is an eight-module curriculum that increases the knowledge and skills necessary to reduce the risk of pregnancy, HIV infection and STDs. The MPC! Curriculum is delivered in-class time over 8 to 10 hour-long sessions.

• Positive youth development and empowerment. The youth we serve have to be resilient to navigate their environment and in many ways are savvier and more mature than their peers in other areas. The MPC! Curriculum is premised on the understanding that when young people are adequately informed and empowered they can make informed decisions that will positively influence their development.

\textsuperscript{11} Virginia Roundtable on Teen Pregnancy Prevention for Youth in Foster, “Fostering Connections: Improving Access to Sexual Health Education”
Recommendations

- Publicize, support, and enforce the provisions of comprehensive, age-appropriate, and medically accurate school-based sex education as required by the California Comprehensive Sexual Health and HIV/AIDS Prevention Act of 2003 (SB 71).
- Begin discussion and development of a legislative mandate for California public middle schools, high schools, and alternative schools to teach comprehensive sexual health education.
- Support reliable and confidential school-based survey research that will facilitate scientific understanding of teen health risk behaviors, including sexual risk behaviors.
- Provide training to case workers, foster parents and caregivers on how to engage youth in communication about relationships, health and decision making.
- Provide parent education and supports to encourage parents and other significant adults to communicate effectively with youth about healthy sexuality, pregnancy prevention, and prevention of sexually transmitted infections.
- Support the integration of pregnancy prevention evidence-based curricula and innovative outreach approaches within the juvenile delinquent and foster care systems.
OUSD School Impact

The implementation of Making Proud Choices! for the 2011-2012 academic school year was successful. With the collaborative work between Alameda County Public Health Department (ACPHD), Asian Health Services (AHS), and Girls Incorporated of Alameda County we reached 15 of the 18 Oakland Unified School District (OUSD) middle schools, representing 83 percent of total middle schools. The total population of the 15 middle schools is 2,018 students and we reached 80 percent (1,615) of the students.

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Social Media/Promotional Videos

In an effort to continue to reach students outside the classroom and reinforce positive messaging from all of our teen pregnancy prevention efforts. We created the following PSAs and promotional videos.

- In collaboration with Beats Rythmes and Life, created an *MPC! Parent Outreach* Video that identifies the need and makes the call-to-action to Latino parents to be receptive and willing to allow their son/daughter to receive reproductive health and comprehensive sex education.
  You Tube link-- [http://www.youtube.com/watch?v=Q1x_CS-Aq6U](http://www.youtube.com/watch?v=Q1x_CS-Aq6U)
In partnership with Youth Radio, created English and Spanish language radio PSAs for the TPP social media campaign. The PSAs were recorded for radio and made into videos for web platforms. Youth Radio placed the radio ads on community affairs shows in the Bay Area with large youth audiences. There was a primary focus on placing content with KRZZ, 92.3 La Raza- a Spanish language station with a large youth audience.

Spanish slide show  
http://www.youtube.com/watch?v=-_8KTC9KpjE&feature=relmfu

English slide show 1  
http://www.youtube.com/watch?v=gtN6YSKbu3c&feature=relmfu

English slide show 2  
http://www.youtube.com/watch?v=L3p-yF1vKtk&feature=relmfu

The video PSAs will be placed on YouTube, La Vida Es Mia Facebook page, and the bom411.com pages. Youth Radio anticipates rolling this content out on web platforms by the end of May 2012. Here is the latest draft, http://youtu.be/Wt7nLaJPHfk.

ACPH Promotional video on MPC!  
http://youtu.be/Bi7H6RgapoY

Websites
- Alameda County Public Health Department  
http://www.acphd.org
- Visit  
http://www.myvoicemylife.org  for more resources!
- La Vida es Mia! Facebook page:  
http://www.facebook.com/lavidamia
- National Campaign to Prevent Teen and Unplanned Pregnancy  
http://www.thenationalcampaign.org/

Data & Reports available for download from  
www.acphd.org
- Health of Alameda County Cities and Places 2010
- His Health: Alameda County Male Health Status Report 2010
- Youth Health and Wellness 2006

Local Resources
- **Health Care Alameda County**  
http://achealthcare.org/ - Navigating through our health care system can be confusing and expensive. Health Care – Alameda County is the first website in the nation to compile all low-cost, no-cost health services by price, language, and location for local residents
- **Girls Inc.** – Girls Incorporated of Alameda County provides proven developmental programs that empower girls from underserved communities to achieve academic success, a healthy lifestyle and self-confidence.
• **Youth Uprising** - Located in the heart of East Oakland, YU is a neighborhood hub offering young people services and programs to increase their physical and mental well-being, community connection, educational attainment, and career opportunities.

• **Beyond Emancipation** – Beyond Emancipation is Alameda County’s primary provider of services for former foster youth. BE provides a range of services to help youth through the challenging time of transition from being in foster care to living on their own.

• **Asian Health Services Youth Program** - Asian Health Services (AHS) Youth Program provides comprehensive reproductive health education, advocacy, and family planning clinical access for youth ages 12-21 primarily living in Alameda County.

• **La Clínica de la Raza** – La Clínica provides high quality of health care services to over 74,000 patients annually at 29 sites in Alameda, Contra Costa, and Solano Counties.

**Data Sources**

- Alameda County Public Health Department CAPE Unit
- California Department of Education 2011
- Education Data Partnership, 2012
- California Health Interview Survey, 2011
- California Department of Public Health, Center for Family Health, Office of Family Planning, October 2011
- Virginia Roundtable on Teen Pregnancy Prevention for Youth in Foster, “Fostering Connections: Improving Access to Sexual Health Education”
- U.S. Census Bureau, 2012
For more information please contact:

Alameda County Public Health Department
Maternal Paternal Child Adolescent Health

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http://www.acphd.org/project-hope.aspx