

OREGON PUBLIC HEALTH DIVISION • OREGON HEALTH AUTHORITY

TEEN PREGNANCY IN OREGON: THE GOOD NEWS

All great achievements require time. *Maya Angelou*

In 2009, a group of state agency and private partners, now known as the Oregon Youth Sexual Health Partnership, released the Oregon Youth Sexual Health Plan* to address teen pregnancy prevention in a more holistic manner—shifting the focus from sexual risk behaviors to an emphasis on positive youth development, including sexual health and well-being. By engaging young people, garnering community input and using evidence-based recommendations, teen pregnancy rates across Oregon have decreased over the last five years. This *CD Summary* presents Oregon data on trends in teen pregnancy and provides resources for clinicians.

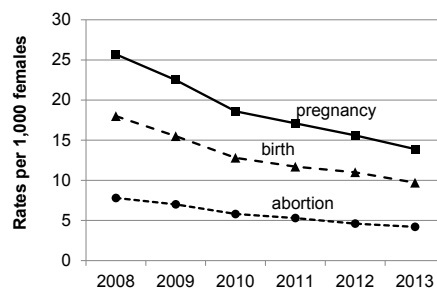
OREGON DATA

Data on teen pregnancy is available by combining two sources: data on live births from vital records, and data on abortions (which are reportable in Oregon by demographic characteristics, but not by name).

For more than 20 years, Oregon has had lower teen pregnancy rates than the national average. In 2010, the most recent year of comparable data, the pregnancy rate among females aged 15–19 years in Oregon was 39.2 per 1,000 compared to the national rate of 57.4.¹ While national data are only available for this broader age group, we focus our analyses on those aged 15–17 years, who have not yet graduated from high school.

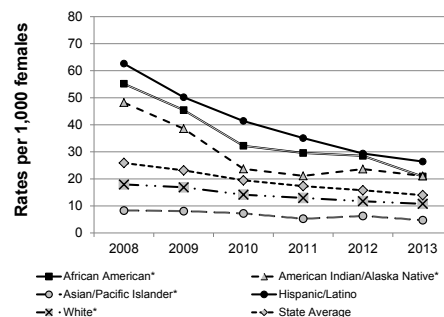
The good news: teen pregnancy rates among Oregon females aged 15–17 years have declined almost by half over the past five years, from 25.8 per 1,000 in 2008 to 13.9 in 2013 (Figure 1). The decrease in teen pregnancies is reflected in decreases in both live births and abortions.

Figure 1. Pregnancy, birth and abortion rates among females 15–17 years of age, Oregon 2008–2013



While there continue to be disparities in teen pregnancy rates, all racial and ethnic groups have experienced declines (Figure 2). Hispanic, African American, and American Indian females have higher teen pregnancy rates than do whites or Asians, but these groups have also experienced the greatest declines.

Figure 2. Teen pregnancy rates by race and ethnicity, Oregon 2008–2013



*Non-Hispanic/Latino

WHY THE DECREASE?

The simple explanation is that Oregon teens are having less frequent sex and/or using more effective contraception if they do have sex. That said, available data only partially explain the decline. From 2008 to 2013, only small changes occurred in the percentage of 11th grade youth who reported: ever having sex (48% in 2008 to 45% in 2013); using a condom at last intercourse (62% in 2008 to 64% in 2013); or using some type of contraception at

last intercourse (83% in 2008 to 85% in 2013).[†]

While these changes in sexual activity and contraceptive use may have contributed to the decline in teen pregnancy, clearly other factors contribute. These include increased use of effective contraception (e.g. Long-Acting Reversible Contraception) and the unique policy environment in Oregon that supports youth reproductive health education and access to quality health care.

LONG-ACTING REVERSIBLE CONTRACEPTION

Currently, both the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) recommend Long-Acting Reversible Contraception (LARCs) as the first-line choice for female adolescents who are not abstinent. These recommendations are based on research demonstrating that LARCs are safe for females of all ages.^{2,3} LARCs, which include IUDs and contraceptive implants, are over 99% effective at preventing pregnancy and provide pregnancy prevention for 3–10 years.⁴ It appears that clinicians in Oregon have put this policy into action. From 2008 to 2013, the use of LARCs among females aged 15–17 years at publicly-supported family planning clinics increased 6-fold (from 2% to 12%).[‡]

POLICY ENVIRONMENT

Oregon's Human Sexuality Education Law, passed in 2009, is among the most comprehensive in the United States. This state law requires school districts to provide medically-accurate, age-appropriate, human sexuality education. In 2012 and 2013, Oregon Health Education Standards and Benchmarks and administrative rules for sexuality education were strengthened to align with National Sexuality Education Standards and updated Oregon laws.⁵ Comprehensive sexual health education is effective in promoting positive behavior change and helping youth make healthy decisions regarding sexual behaviors.^{6,7}

† Oregon Healthy Teens data

‡ Oregon Contraceptive Care Program

* Oregon Youth Sexual Health Plan. Accessed 3 December 2014 at www.oregon.gov/DHS/children/teens/tpp/lyhsp-021109.pdf.



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Sexually-active youth have better outcomes when they have access to confidential, affordable reproductive health care, and Oregon laws support this access. Minors of any age can access health care services without parental consent, including testing and treatment for sexually transmitted infections (STIs) and HIV (Oregon Revised Statutes §109.610, §109.640).

HOW CLINICIANS CAN HELP

Clinicians play a pivotal role in continuing the declining trend in teen pregnancy rates in Oregon. The American Academy of Pediatrics (AAP) recommends that clinicians conduct a “developmentally-targeted sexual history,” assess risk for sexually transmitted infections and provide appropriate screening and/or education about safe and effective contraceptive methods. Assessment, screening and education related to sexuality can be conducted within the context of a comprehensive adolescent well visit.

Discussions between clinicians and adolescents should acknowledge the benefits of abstinence while not judging those who have had or are having sexual relationships. For sexually active youth (or those planning to be in the near future), LARCs should be the first-line recommendation. For those who decline LARCs, other contraceptive methods should be presented, encouraging personal choice while ensuring maximum effectiveness. Condoms should be promoted to protect against STIs, including HIV.

SUMMARY

The dramatic decline in teen pregnancy in Oregon, particularly among youth from diverse racial/ethnic

groups, has required substantial effort and intention at both the clinical and policy levels. Ending health disparities is a clear goal of the Oregon Youth Sexual Health Plan, and the data show that the gap is narrowing. Culturally-specific teen pregnancy prevention curricula are being implemented. *¡Cuidate!* is focussed on Latino youth and is being implemented in six Oregon counties. The Confederated Tribes of the Grand Ronde is implementing “*It’s Your Game,*” a computer-based teen pregnancy prevention program shown to delay the onset of sexual activity.

Continuing collaborative efforts between public and private sector partners, expanding youth and family engagement, and furthering community input and dialogue is essential to ensuring that this positive trend continues. Oregon’s use of evidence-based recommendations and programs has clearly made an impact. However, the real recognition goes to Oregon youth who, given access to care, knowledge and skills, continue to make positive decisions for themselves.

RESOURCES

- Public Health Division’s Oregon Contraceptive Care Program has information and links for patients; see <https://public.health.oregon.gov/HealthyPeople-Families/ReproductiveSexualHealth/OregonContraceptiveCare/Pages/index.aspx>
- The Adolescent and School Health program seeks to improve the health and wellness of adolescents and youth ages 10–24 in Oregon, see <http://public.health.oregon.gov/PHD/Directory/Pages/program.aspx?pid=103>.

- American Academy of Pediatrics Bright Futures tool kit has age-specific assessment and screening form; see: http://brightfutures.aap.org/tool_and_resource_kit.html
- Centers for Disease Control and Prevention has teen pregnancy prevention resources for patients, parents and providers at: www.cdc.gov/reproductivehealth/UnintendedPregnancy/PDF/Contraceptive_methods_508.pdf.

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