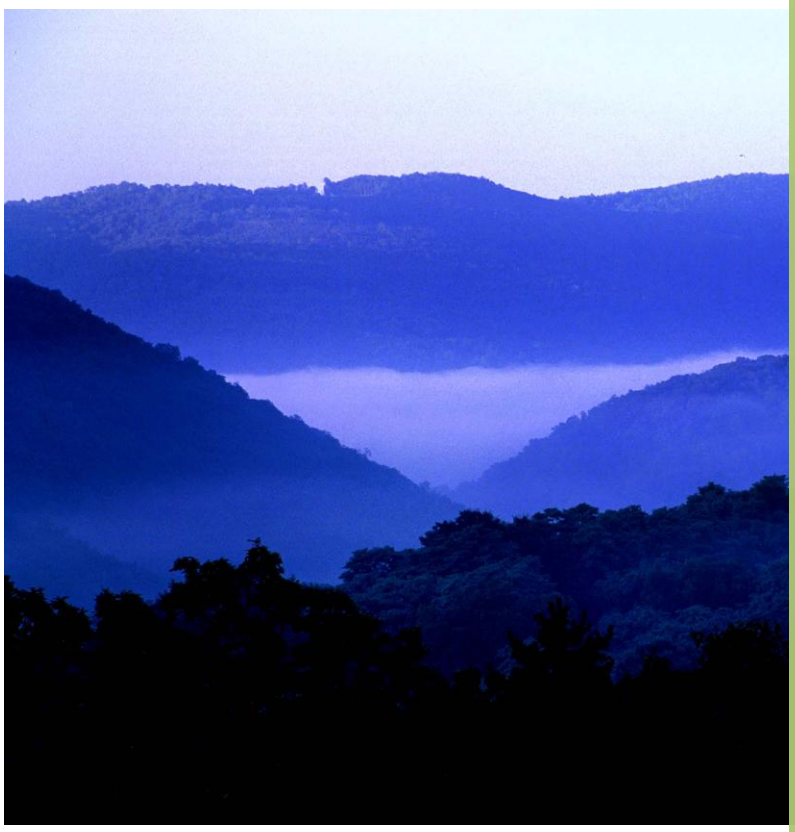
Teen Pregnancy and Childbearing in West Virginia



2013

Report by WV FREE

www.wvfree.org

Background

WV FREE has been researching and exploring teen attitudes about pregnancy and sexual health data since 2008. It was not until 2008, when there was a significant increase of teen pregnancies in West Virginia, that this statistic became an important catalyst for the work of many organizations, the media, and the public in West Virginia.

Spearheaded by WV FREE, collaborative research began with the Department of Health and Human Resources, West Virginia Department of Education, the Guttmacher Institute, Marshall University, West Virginia Perinatal Partnership and the West Virginia Women's Commission, to understand and determine social factors that affect teen pregnancy.

This report is evidence of a concerted effort to understand teen pregnancy and determine factors that will help uplift youth in West Virginia.

Methodology

WV FREE gathers relevant data and statistics from both national and statewide resources. Due to the collection of data and reporting, dates contained in this report reflect the most current information available from the site reference.

Table of Contents

Summary and Introduction

When young people are in control of their reproductive health, they are more likely to be in control throughout life, make healthy decisions for themselves, and create healthier families and communities. Teen pregnancy and birth rates declined steadily nationally and in West Virginia between 1999 to 2007; however following those years, from 2007-2009, West Virginia saw an increase in both rates.

Teen childbearing often poses real challenges to a young person's ability to stay in school and earn a living wage; it places a burden on the parents of the teen mother and father; and, it often locks families and communities into a cycle of poverty, joblessness, and dependency on state assistance. The purpose of this paper is to highlight the importance of providing young people with every resource they need to make informed and healthy decisions on sexuality and childbearing.

This report will:

1. **Summarize and compare the latest data regarding teen sexuality, pregnancy and childbearing in West Virginia and nationally;**
2. **Illustrate the health risks as well as the social and economic toll of teen childbearing and;**
3. **Identify and promote best practices and policies that improve health education, increase contraceptive access, and expand resources for teens and teen parents.**

When young people are in control of their sexual lives, they are more likely to be in control throughout life, make healthy decisions, and thereby create healthier families and communities.

When addressing teen pregnancy, it is imperative to look at an adolescent's life in full. For example, the National Latina Institute for Reproductive Health recommends: "Policies that give young women the skills and resources to delay pregnancy until they decide to become parents must also speak to their right to a healthy pregnancy, to have an abortion, to parent with dignity, to an education and well paid career, and their human desires, dreams, and experiences of forming relationships with families."[1]

In order to address West Virginia's high rate of teen childbearing, it is important to support collaborative practices that use both administrative policies and community-based initiatives that improve health education, expand access to contraceptives, prepare youth for parenting and advance an agenda that promotes what Advocates for Youth calls "rights, respect, and responsibility." This model recognizes that young people have a right to

"balanced, accurate, and realistic sex education, as well as confidential and affordable health services," deserve respect, and should be seen as "part of the solution."[2]

We support creating youth-based opportunities that will encourage healthy teen lifestyles. Communities that provide extracurricular activities and safe transportation for teens often have lower teen pregnancy rates.[3] West Virginia's efforts to provide contraception services and supplies has consistently been in the top tier of service provision with regards to laws, policy, and public funding.[4] It is important we continue to advocate for these statewide programs to reduce the teen pregnancy rate.

Additionally there is a plethora of relevant information, statistics and resources which have been collected throughout various years. The authors of this paper have highlighted the most pertinent years pertaining to teen pregnancy and ages of young to older teenagers.

I. Key Findings and Observations

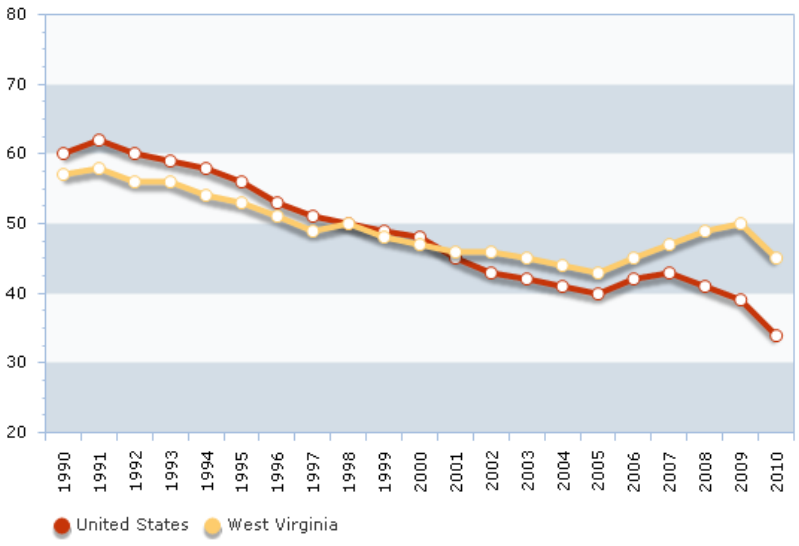
National teen birth levels

The most recent data from the U.S. Centers for Disease Control and Prevention (CDC) shows that the teenage birth rate declined in 2011 by 11 percent which is a record low for U.S. teens and a drop of 8 percent from 2010. A total of 329,797 babies were born to women aged 15-19 years old in 2011. Birth rates fell 11 percent for women aged 15–17 years, and 7 percent for women aged 18–19 years. While the U.S. birth rate to teenagers decreased 25 percent from 2007 through 2011, teens in the United States continue to have more births than teens in any other industrialized country. Data from the World Bank in 2011 indicates that the Netherlands has a teen birth rate of 4 per 1,000 teenage girls versus the United States birth rate of 31.3 per 1,000 teenage girls. Other countries with similar high rates include the United Kingdom with a birth rate of 30 per 1,000 teenage girls and Pakistan with a birth rate of 29 per 1,000 teenage girls in 2011.

Comparison of national and West Virginia teen birth levels

Since we began reporting on teen pregnancy and childbearing in 2010, we have seen a slight decrease in West Virginia's teen pregnancy and childbearing suggesting that quality, collaborative approaches to address this issue in West Virginia are on the rise and need further support from the community and government in order for West Virginia's rate to become congruent with the national decline in teen pregnancy.

As noted earlier, between 2007 and 2011, the national teen birth rate declined; however, among 15-17 year olds in West Virginia, the rate increased by a substantial 17 percent. According to Vital Statistics data, West Virginia's 15-19 year old population experienced a drop in birth rates in 2005 when 42.9 per 1,000 teens became mothers; until then, the rate had steadily been on the rise from 2005 to 2009 at which point the rate was 49.7 per 1,000 teenagers. West Virginia's teen pregnancy rate is now declining, but the gap has widened between the national rate, indicating a disparity for West Virginian youth.



Teen births by age group: 15 to 19 (Rate) – 1990 to 2010
KIDS COUNT Data Center, www.kidscount.org/datacenter
A Project of the Annie E. Casey Foundation

In 2010 according to the US Department of Health and Human Services Office on Adolescent Health, West Virginia's birth rate dipped slightly in 2010 to 44.8 per 1,000 teenagers 15-19 years of age. West Virginia was ranked 9 out of 51 states and the District of Columbia on 2010 final teen births rates among females aged 15-19 (with 1 representing the highest rate and 51 representing the lowest rate）.[5]

2010 Teen Birth Rate (birth per 1,000 Females aged 15-19, 2010)

Total	West Virginia	U.S.
Females aged 15-19	**44.8**	**34.2**
Females aged 15-17	**21.1**	**17.3**
Females aged 18-19	**75.6**	**58.2**

Observations:

1. In 1999 the teen birth rate in West Virginia (48 births per 1,000 girls) was lower than the rate nationally (49 births per 1,000 females).
2. In 2001 the teen birth rate in West Virginia and nationally was the same (45 births per 1,000 females).

3. Since 2001, the national rate decreased overall to reach 39.1 in 2009, while the West Virginia rate steadily increased to reach 49.7 in 2009.[6]

National teen pregnancy, abortion, and infant mortality rates

- 18 percent of U.S. women obtaining abortions are teenagers; those aged 15–17 obtain 6 percent of all abortions, teens aged 18–19 obtain 11 percent, and teens younger than age 15 obtain 0.4 percent.[7]
- Each year, almost 750,000 U.S. women aged 15–19 become pregnant. Two-thirds of all teen pregnancies occur among 18–19 year-olds.[8]
- 59 percent of pregnancies among 15–19-year-olds in 2008 resulted in birth, and 26 percent in abortion.[9]
- Data from 2007 indicates that the infant mortality rate for teens giving birth are the highest of any maternal age group with a rate of 9.8 deaths per 1,000 births to women under 20.[10]

West Virginia teen pregnancy, abortion, and infant mortality rates

- In 2008 the teen pregnancy rate was estimated to be 65 per 1,000 women aged 15-19 in West Virginia.[11]
- The abortion rate was estimated to be 8 abortions per 1,000 pregnant teens ages 15-19 in 2008.[12] Compared to national data that 18 percent of U.S. women obtaining abortions are teenagers; WV youth aged 15-17 obtain 6 percent of all abortions, and WV youth aged 18-19 obtain 11 percent.
- Data from the West Virginia Vital Statistics office indicate that the abortion rate amongst 15-19 year olds has declined in West Virginia, when in 1988 the rate was 17 abortions per 1,000 women ages 15-19 and then in 2008 the rate dropped to 8.[13]

U.S. and West Virginia Teen Pregnancy Rate in 2005 and 2008

	15–19	15–17	18–19	National Rank
2008				
U.S.	68	37	113	n/a
West Virginia	65	32	110	24
2005				
U.S.	68	38	115	n/a
West Virginia	60	30	102	30

U.S. and West Virginia Teen Birth Rate in 2005 and 2008

	15–19	15–17	18–19	National Rank
2008				
U.S.	40	21	68	n/a
West Virginia	47	23	80	16
2005				
U.S.	40	21	68	n/a
West Virginia	42	21	73	17

U.S. and West Virginia Teen Abortion Rate in 2005 and 2008

	15–19	15–17	18–19	National Rank
2008				
U.S.	18	10	29	n/a
West Virginia	8	4	12	46
2005				
U.S.	19	11	30	n/a
West Virginia	8	5	14	45

A note on the data

Due to the fact that statistics on abortions are incomplete in many states, including West Virginia, the authors acknowledge the trouble this presents when estimating abortion and pregnancy rates. The data used on the number of abortions obtained by teenagers in West Virginia do not account for the teens either traveling out of the state to seek care, nor for the teenagers who travel into West Virginia for care.

II. Demographics of West Virginia Youth

- Of West Virginia's 1.85 million people, an estimated 229,137 are between the ages of 10-19 (12.4 percent).
- Births to teens in West Virginia have historically been more common among the state's African American population. Between 1999 and 2009, there was an average of 56.6 births per 1,000 African American teen girls vs. 46.1 births per 1,000 white teen girls.[14] In 2009 this general pattern changed, when the rate was 46.5 among African American teen girls and 50.6 among white teen girls.[15]
- The teen birth rate amongst Latinas age 15-19 in West Virginia has steadily increased over the last decade when in 2000 the rate was 13 births per 1,000 Latina teens and then in 2008 the rate was 46 per 1,000 Latina teens.[16]

In 2009 the rate of teen births for African American teen girls in West Virginia was 46.5 percent and 50.6 percent among white teen girls.

- In 2011 the average rate among the counties with the lowest rates of teen birth (Monongalia, Gilmer, Brooke, Pleasants and Pendleton) was 25 per 1,000 teens aged 15-19 and the five counties with the highest rates (McDowell, Mingo, Clay, Boone and Fayette) had a combined average rate of 77 births per 1,000 teens ages 15-19.[17]

State	Number of pregnancies among non-Hispanic white women aged 15-19, by state of residence, 2008	Number of pregnancies among black women aged 15-19, by state of residence, 2008	Number of pregnancies among Hispanic women aged 15-19, by state of residence, 2008
West Virginia	3,550	210	40
U.S. total	274,990	217,960	219,510

Guttmacher Data Center [18]

III. Teen Sexual Activity in West Virginia

- According to the CDC, riskier trends regarding teen sexual behavior and lack of contraceptive use are on the rise across the country. In 2011, 47.4 percent of high school students reported being sexually active with 39.8 percent reporting they did not use a condom the last time they had sex and 76.7 percent did not use birth control pills or Depo-Provera to prevent pregnancy.[19] These trends that the CDC calls "more sex, less contraception" are especially true in West Virginia according to the CDC's Youth Risk Behavior Survey of 2011. This survey of high school students found that West Virginia has a higher rate of teen sexual activity than the national average 50.9 percent vs. 46.9 percent.[20] Reported condom use in West Virginia in 2009 is lower than the national average; thirty-nine percent of U.S. teenagers did not use a condom at last intercourse, compared to 46 percent of West Virginia teenagers. [21]The same survey reported that nearly 77 percent of sexually active teens reported that they did not use birth control pills before their last sexual encounter. In West Virginia the figure is 80 percent.[22]

This survey of high school students found that West Virginia has a higher rate of teen sexual activity than the national average 50.9 percent vs. 46.9 percent.

IV. Sexuality Education in West Virginia

West Virginia's legislative code requires that public schools teach health education for grades 5 through 12, which must include some form of sexuality education as it relates to HIV/AIDS, other STDs, and substance abuse for grades 6-12. Comprehensive, medically-accurate sex education instruction and skill development activities that promote health-enhancing behaviors and health risk reduction is primarily stressed from the West Virginia State Board of Education rule known as the Next Generation Health Education 5-12 Content Standards and Objectives for West Virginia Schools (Policy 2520.5).[23] According to the Next Generation Health Education 5-12 Content Standards and Objectives (CSOs) for West Virginia Schools, effective July 1, 2012, "a major focus has been given to what the CDC recognizes as adolescent risk behaviors," including "sexual behaviors that result in HIV infection/other STDs and unintended pregnancy." Starting in the sixth grade, students should be able to "contrast the differences between safe and risky behaviors for preventing pregnancy and STDs (e.g., abstinence, birth control, drug use)."[24] Then continuing through high school, the Health CSOs include as an objective that "students will analyze the effects of potentially harmful decisions that impact health and the effect these decisions have on their family, community and self (STD transmission, pregnancy prevention, teen parenting)."[25]

It is a local decision regarding the resources used to meet mastery of the health education content standards. The West Virginia Board of Education policies include a comprehensive approach to sexuality education; however, implementation is left to local control. For example, the hours spent on sexuality education vary from school to school and anecdotally teachers' comfort level educating on sexuality education curriculum varies widely. Data from the Health Education Assessment Project (HEAP), a standardized health education assessment that measure student health knowledge and program effectiveness, indicates that on average from 2002-2012, high school students had 75 percent mastery within the Growth and Development content area. An administrator reports that 5-8 questions out of 40 questions within the Growth and Development section are related to sexuality education.[26]

A strategy that has been proven in other states to provide effective sex education is known as the WISE (Working to Institutionalize Sex Education) Initiative. West Virginia recently began this project through efforts led by WV FREE. West Virginia is deemed to be a state with a favorable policy climate and to be a place where public-private collaborations were poised to significantly and sustainably improve comprehensive sexuality education (CSE) programming in K-12 public schools. The goals of the WISE Initiative are to 1) "move the needle" on CSE by supporting targeted implementation efforts and 2) expand the field's body of knowledge related to best practices for institutionalizing sex ed. A partnership of West Virginia Department of Health and Human Resources, Teen Pregnancy Prevention Grantees, Mission West Virginia and other organizations formed an advisory committee consisting of experts in the areas of public policy, research, youth development, public education, and sexuality education informed and supported the design of the WISE approach which is being implemented in multiple counties.

V. Federal Funding and Community-Based Prevention

In the FY 2010 budget, President Obama proposed and Congress approved replacing the Community-Based Abstinence Education (CBAE) competitive grants with competitive grants supporting more evidence-based, comprehensive education models. According to the Guttmacher Institute, the federal programs and their funding amounts can be understood in the chart below:

THREE FEDERAL PROGRAMS FY 2011		
Teen Pregnancy Prevention Program Run by Office of Adolescent Health	**Personal Responsibility Education** Run by Administration on Children, Youth and Families	**Title V Abstinence-Only Program** Run by Administration on Children, Youth and Families
$105 million	$75 million	$50 million
•Tier 1: $75 million to public and private entities to replicate proven programs	• $55.25 million to states for proven programs	• $50 million to states for Abstinence Education Grants
•Tier 2: $25 million to public and private entities to create innovative strategies	• $10 million for competitive grants to public and private entities to develop innovative strategies	
• $5 million for program support and evaluation	• $9.5 million for program support, evaluation and Indian tribes or tribal organizations	

Funding for the Teen Pregnancy Prevention Tier 1: Replication of Evidence-Based Programs was awarded to the Children's Home Society of West Virginia ($850,000) and Mission West Virginia ($914,347).[27] The Children's Home Society of West Virginia conducts a Teen Outreach and Pregnancy Prevention Services project in Charleston, Martinsburg, and Parkersburg, West Virginia, serving approximately 120 students per year across two sites in the 6th through 10th grades. The goal of their project is to reduce the teen pregnancy rate in the three counties to be served.[28] Mission West Virginia, Inc. uses *Becoming a Responsible Teen (BART) and Reducing the Risk (RTR)* in order to deliver curriculum to predominantly Caucasian (92 percent) middle and high school-aged students in the rural counties of Doddridge, Fayette, Greenbrier, Marion, McDowell, Mercer, Monroe, Nicholas, Raleigh, Ritchie, and Summers. *BART* is the middle school curriculum used for this project, and RTR is the high school curriculum. The project hopes to significantly expand and enhance evidence-based teen pregnancy prevention education in West Virginia and seeks to reach approximately 2,500 youth per year. The long-terms goals are to

reduce teen pregnancy and sexually transmitted infections among teens in West Virginia.[29] No West Virginia-based organizations were awarded Tier 2 funding in FY 2011.

According to the Sexuality Information and Education Council of the United States (SIECUS), West Virginia applied for both PREP and Title V funding. In FY 2013, West Virginia Department of Health and Human Resources (DHHR) was awarded $277,586 in PREP funding and $287,835 in Title V abstinence-only funding.[30] This funding should continue every year through 2014 unless Congress changes the law. The West Virginia Department of Health and Human Resources (DHHR) uses PREP and Title V grant funds to support the outreach and programs conducted by local health departments, community health centers, and school-based health centers.

Congress extended Title V abstinence-only program for another five years, with $50 million in state-based grants available every year. While the Title V funding requires states to match $3 state for every $4 federal, the PREP funding does not have this requirement. If states do not apply for PREP funding, the money is allocated in the third year to community-based groups working in the state, while Title V monies are allocated back to the U.S. Treasury.[31]

State-based groups that are using evidence-based programs to conduct outreach to at-risk youth are Kanawha Institute for Social Research & Action, Mountain Heart Community Services, Inc., Children's Home Society and Mission West Virginia. The curricula being used by these various groups include *Making Proud Choices!* and *Reducing the Risk.* All of these evidence-based curricula have a comprehensive education approach, which includes information about healthy-decision making, birth control, and condoms.[32] These programs provide a youth directed comprehensive approach rather than one focused on training educators.

The program educates youth on healthy relationships and pregnancy prevention

A state coalition utilizing a broad approach to sexuality education is the West Virginia Department of Health and Human Resources' Adolescent Pregnancy Prevention Initiative (APPI). In addition to administering the federal PREP Program which provides evidence-based curricula presentations to schools and community groups, APPI coordinates quarterly meetings of the Leadership to Prevent Teen and Unplanned Pregnancy. The groups of approximately 90 individuals establish and coordinate projects, network with other prevention specialists and determine areas of focus that will provide the greatest results statewide. In addition, this forum allows for brainstorming concerning challenges individual programs may face within their communities and organizations.[33] APPI engaged in "train the trainer" approach that enables instructors to become proficient in curriculum delivery.

Another example of teen education is a peer-to-peer program that was started at Capital High School with the support of the school's nurse, a science teacher, and WV FREE. This program educates youth on healthy relationships and pregnancy prevention, gauges student

opinion, and encourages dialogue and advocacy. The students meet regularly and are provided with medically-accurate information and interactive ways for them to engage with the newly acquired information. The students are then encouraged to creatively engage their peers, such as through posters in the school, tabling at school fairs, and using the morning announcements to spread awareness and information. Topics include healthy versus abusive relationships, emergency birth control, use of contraceptives, and how to access local clinics and pharmacies.

VI. Family Planning Services in West Virginia

Family planning clinics help women plan and space their pregnancies and avoid mistimed or unintended pregnancies; reduce the number of abortions, lower rates of sexually transmitted diseases and significantly improve the health of women, children and families.[34]

Despite limited funding, The West Virginia Department of Health and Human Resources Family Planning Program, offer services which are available confidentially at low or no cost to over 157 clinics throughout the state. Any female or male capable of becoming pregnant or causing pregnancy whose income is at or below 250 percent of the federal poverty level is eligible to receive services. Income is self reported and no one is denied services due to inability to pay. Adolescents requiring confidential services are considered a family of one with zero income.

A combination of funds such as Title X through the Office of Population Affairs within the US. Department of Health and Human Services, Medicaid, and the West Virginia state budget support most of the services, which include:

- Pregnancy testing
- Fertility awareness information
- Contraceptive methods and supplies
- Breast, cervical and testicular cancer screenings
- Surgical sterilizations for women and men
- Reproductive life planning
- STD testing and treatment

In order to increase information dissemination and privacy, the Family Planning Program plans to utilize Facebook in order to increase awareness. Recently a Family Planning Program specialist was put in charge of working to assist clinics in becoming teen and male friendly.

In an effort to offer teen-friendly services, the Milan Puskar Health Right in Morgantown has a “Teen Clinic” every Mondays at 3pm.[35]

VII. Health Risks of Teen Pregnancy

Due to a combination of factors including lower readiness to be a parent and reduced access to prenatal care, poor birth outcomes are more likely to occur among teen mothers than to adult women. Also, teens are more likely than adults ages 20-29 to smoke during pregnancy. Between the years 2000-2009 in West Virginia, an average of 36 percent of pregnant teens ages 15 to 19 smoked, compared to an average of 28.9 percent of pregnant women ages 20 to 29.[36] Babies of women who smoke during pregnancy are at increased risk for premature birth, low birth-weight and sudden infant death syndrome (SIDS).[37]

Of the babies born to teen mothers in West Virginia between the years 1999-2009, an average of 10.2 percent were low birth-weight babies and 11.4 percent were born prematurely.[38] Low birth-weight and premature babies are more likely to have organs that are not fully developed, which can lead to breathing problems like respiratory distress syndrome, bleeding in the brain, vision loss and serious intestinal problems.[39] Low birth-weight babies are forty times more likely to die in infancy than normal weight babies.[40]

Teens face significant barriers in accessing prenatal care and are least likely of all maternal age groups to get early and regular prenatal care. The significance of annual visits and early prenatal care is that these young women understand the importance of good nutrition, as well as the dangers of smoking and drug and alcohol abuse. From 2000 to 2002, an average of 7.1 percent of mothers under age 20 received late or no prenatal care, compared to 3.7 percent for all ages.[41]

Infant mortality rates are also higher amongst teens under age 20. In 2008, the average rate of infant mortality among women ages 25-29 was 5.9 per 1,000 live births compared to a rate of 9.5 among women under 20.[42]

- **Lack of Opportunity and Poverty**

West Virginia has one of the highest poverty rates in the nation. 18.6 percent of West Virginians are living below the federal poverty line in 2011 whereas the national average was 15.9 percent. Statewide, 21.3 percent of families with children in West Virginia live in poverty.[43]

Nationally, two-thirds of families begun by young, unmarried teens are considered poor and approximately one quarter of teen parents go on social support within 3 years of the child's birth.[44] Teen parents are less likely to finish their high school education which can affect their household income level. For example, the median income for college graduates has increased by 19 percent in the past 20 years compared to the income level for high school dropouts which has decreased by 28 percent.[45]

VIII. Social and Fiscal Costs of Teen Pregnancy and Childbearing

Teen pregnancy and childbearing has complex consequences for communities in West Virginia and results in higher incidences of the following social issues. [46]

- Children entering foster care
- Use of publicly-funded health care
- Lower educational attainment
- Poverty
- Multiple Teen Pregnancy Births
- Incarceration
- Repeating cycle of teen pregnancy from one generation to the next
- Father absence

In 2008, teen childbearing cost West Virginia taxpayers $67 million.

While a direct correlation cannot necessarily be made between teen pregnancy and high school dropout rates, teen pregnancy is a key reason for teen girls dropping out of school, with 30 percent reporting that pregnancy or parenting was the reason for dropping out.[47] As illustrated in the chart below, West Virginia's high school dropout rate saw a slight increase starting in 2003 but has remained consistently around 16-17 percent over the last decade.[48]

	West Virginia
2011	15.5 percent
2010	16.8 percent
2009	17.0 percent
2008	16.8 percent
2007	17.1 percent
2006	16.8 percent
2005	17.1 percent
2004	16.6 percent
2003	16.2 percent

High school dropout percentage rates

In order to help teen mothers stay in school, high schools like Capital High School in Kanawha County have a Child Development Center that serves as a day-care both for teachers' and students' children as well as a resource for other students to take parenting and child-development classes. The Child Development Center at Capital High School has a limit of 12 babies, due to square footage licensing requirements to qualify as a day-care center and there is currently a wait list.[49]

Teen mothers are also more likely to have subsequent births during their adolescence. Of the 2,608 teen births in West Virginia in 2010, 438 births (17 percent) were to girls age 15-19 that already had a child.[50]

Teen childbearing has fiscal implications for the taxpayers of West Virginia. The National Campaign to Prevent Teen and Unplanned Pregnancy conducted a study assessing the costs and found:

- In 2008 alone, teen childbearing cost West Virginia taxpayers $67.3 million. Of that, 46 percent was covered by federal dollars; the remaining 54 percent were state and local dollars.
- Because children born to teen mothers are more likely to rely on state assistance, there are great costs to West Virginia's social and health welfare programs. In 2008, an estimated $13 million was spent on public health care (like Medicaid and CHIP) and $20 million for child welfare programs.
- Due to the fact that the children born to teens are more likely to be incarcerated or unemployed as adults, it is estimated that incarceration costs the state $11 million. Lost tax revenue due to decreased earning and spending totaled $19 million in 2008.
- The 55,964 teen births that occurred in West Virginia between 1991 and 2008 cost taxpayers a total of $1.5 billion.[51]

IX. Cost of Unintended Pregnancy and Cost-Savings of Family Planning

The Guttmacher Institute released a study in May 2011 that outlines the costs of unintended pregnancy in the United States for women of all ages, as well as the cost-savings of supporting family-planning programs. Nationally, Medicaid and CHIP pay for 64 percent of unintended pregnancies, raising the fact that unintended pregnancies occur overwhelmingly among low-income women. In West Virginia the number of unplanned pregnancies covered by public dollars is much higher, with 72.1 percent of these pregnancies paid by public funding.[52]According to the West Virginia Pregnancy Risk Assessment Monitoring System, 64 percent of the teen pregnancies in West Virginia were unintended.[53]

In 2006 alone, Guttmacher calculates that unintended pregnancies overall cost $11.1 billion in tax dollars. On the flipside, the gross savings were estimated to be $7 billion due to the 1.94 million unintended pregnancies that were prevented by family planning funding. The National Campaign to Prevent Teen and Unintended Pregnancy estimates that the 16 percent decline in teen birth rate that West Virginia experienced between 1991 and 2008 saved taxpayers $23 million in 2008 alone. The bottom line is that for every tax dollar invested in family planning, 3.74 tax dollars are saved. Nationally, of the 1.94 million pregnancies prevented in 2006, 860,000 unwanted or ill-timed births and over one million abortions were averted.[54]

X. Factors Affecting Access to Family Planning Services

- **Primary Care and County Health Departments Hours of Operation**

While the state Family Planning Program serves a great number of West Virginia teens, access to services is restrictive due to limited hours of operation for primary care centers and county health departments. The vast majority of primary care centers are open from 8am -5pm with occasional evening and Saturday hours, making it difficult for teens and for those who work during normal business hours to access services.

- **Limited Access to Emergency Contraception (EC)**

When used properly and made widely available, EC has the potential to greatly reduce the unintended pregnancy and abortion rate in West Virginia. Many young women either do not know about EC or do not know how or where to get it. Many of the young women and health providers who do know about EC have misinformation about it, the most common misconception being that EC is an abortifacient. It is also not widely known that Plan B One-Step® and Next Choice®, dedicated EC products, are available over-the-counter for women 15 and over. The cost of EC is also very prohibitive with the average price for one packet of Plan B® at pharmacies is $43.[55]

The American Academy of Pediatrics (AAP) recently released a policy statement on the use of emergency contraception and how it can reduce the risk of pregnancy. [56] According to the AAP, teens are more likely to use emergency contraception if it is prescribed in advance. As teens continue to engage in unprotected sexual intercourse and 10 percent of teens are victims of sexual assault, it is important for pediatricians to assist patients in counseling, referral and providing prescriptions of emergency contraception to prevent unwanted teen pregnancies.[57]

- **Limited Access to Abortion Care**

There continues to be a shortage of abortion providers in West Virginia. In 2008, there were 4 abortion providers in the state and 96 percent of West Virginia counties had no abortion provider with 84 percent of West Virginia women living in these counties. The only two clinics that provide elective abortion care are located in Charleston.[58] The lack of providers and access put undue burdens on young women who must get out of school and/or travel long distances in order to obtain safe and legal abortion care.

West Virginia law mandates that a minor must inform a parent or guardian twenty-four hours before having an abortion. This can be a barrier for teens who need confidential services, as some young women cannot involve their parents due to physical or emotional abuse at home or because their pregnancy is a result of incest. Abortion care is a service funded by the West Virginia Bureau for Medical Services when a doctor deems it is necessary for the patient's physical and/or mental health or because her life is in danger.

- **Teens Not Using Long-Acting, Reversible Contraceptives**

Young women are choosing more traditional methods of birth control, such as the pill, over longer-acting more effective methods such as Intrauterine Device (IUD), contraceptive implant (Implanon), or contraceptive shot (such as Depo-Provera). According to behavioral studies conducted by the National Campaign to Prevent Teen and Unplanned Pregnancy, 44 percent of sexually active teens use a method like the pill, while only 7 percent use a long-acting method, and 26 percent report condom use.[59]

In 2010-2011, 24 percent of women ages 15-44 in West Virginia had no health insurance.

- **Limited Transportation Options**

As with all health services, lack of access to transportation is a barrier for many West Virginians needing reproductive health care. Most counties lack public transportation, making access especially difficult for teens who may be reliant on others for mobility.

Limited transportation has even greater consequences for teens who have health coverage under a Medicaid HMO plan. Under such plans, they must revisit a pharmacy each month to obtain their birth control method.

- **Contraceptive Costs**

As of 2008 in West Virginia, over 187,000 women need contraceptive services. Over 110,000 of these women need publicly funded contraceptive services because they have incomes below 250 percent of the federal poverty level or are sexually active teens.[60] Moreover, a study in one state showed that, in order to prevent pregnancy, women often face out-of-pocket health care expenses as much as 65 percent above the costs men face. In 2010-2011, 24 percent of women ages 15 to 44 in West Virginia had no health insurance.[61]

- **Limited Funding for Family Planning Program**

In 2007 West Virginia lawmakers appropriated the first increase in funding for the state family planning program in more than twelve years. Those additional funds only enabled the program to cover expenses associated with rising contraceptive costs. There was no increase in provider reimbursement. Publicly funded family planning clinics serve just over half (56 percent) of all women and 60 percent of teens in the state who need these services, which is a service rate higher than the national average. [62]

XI. Social Factors Affecting West Virginia Teens

- **Teen Dating Violence**

Teen dating violence is defined as the physical, sexual or psychological and emotional violence within a dating relationship, as well as stalking. Dating violence also occurs from former intimate partners. In 2011, 9.4 percent of students nationwide reported being hit, slapped, or physically hurt by their boyfriend or girlfriend. [63] Reproductive Coercion and refusing to wear a condom is another example of teen abuse.

- Approximately 1 in 5 high school girls reports being abused by a boyfriend. [64]
- In 2011, West Virginia served 486 victims of domestic violence in one day.[65]

Additionally, teenagers that experience domestic or dating violence are more likely to do poorly in school, attempt suicide, and engage in risky sexual behavior.[66]

XII. Best Strategies and Recommendations for Reducing Teen Pregnancy

The findings in this paper clearly demonstrate the need for a multifaceted, community and state-based approach to adolescent health in order to lower the rate of teen pregnancy and childbearing in West Virginia. Recommended strategies are outlined below.

Increase Access to Contraceptives and Reproductive Health Care

- Mandate an annual, comprehensive well child visit (EPSDT/HealthCheck) for grades 7 through 12 to ensure adolescents receive a reproductive health medical review and education from their medical home as recommended by ACOG and AAP Bright Futures, while supporting adolescent vaccination requirements including HPV, Tdap and flu.

- Mandate PEIA and private insurance coverage of dependents' pregnancy, abortion and preventive reproductive health care.

- Expand hours of operation for primary care centers, family planning clinics and county health departments. Use Milan Puskar Health Right's model of a "Teen Clinic" in order to make services more teen-friendly.

- Support existing school-based health centers that include family planning services, contraceptives and expand these centers into more schools.

- Monitor implementation of the Affordable Care Act (also known as health reform) to ensure birth control, prenatal care and abortion availability and affordability.

- Enable timely youth access to emergency contraception. A collaborative practice agreement should be initiated which would permit pharmacists to enter into

agreements with physicians so that the pharmacist may fill prescriptions for EC. Because timely access is vital to EC's effectiveness, pharmacy access for minors in West Virginia would help young women under age 15 have a greater chance to avoid a pregnancy for which they are not physically, emotionally, or financially prepared.

Promote Consistent, Evidence-Based Sexuality Education

- Implement and enforce uniform comprehensive, evidence-based sexuality education.
- Provide funding for professional development for health educators and family and consumer science teachers in public schools that support comprehensive, evidence-based health education. These professional development trainings should emphasize goal setting, good decision-making and medically accurate sex education, and also encourage utilizing community support.
- Make health education a part of family and consumer courses in the public school system and provide devoted time requirements to enhance the health knowledge of all adolescents.
- Increase funding for public education surrounding youth pregnancy to both private organizations and government agencies such as the Family Planning Program, incorporating new media technology for outreach.

Engage the Community

- Support community-wide pregnancy initiatives that encourage dialogue amongst teens and parents.
- Ensure community activities are available and appealing to young people.
- Ensure transportation to community activities for young people.
- Conduct cross-cultural, cross-generational community discussions about teen pregnancy, including faith communities, local leaders, policymakers, communities of color, rural populations and youth serving professionals.
- Support and expand youth development programs that focus on sexual health, good decision-making, and minimization of risky behaviors.
- Create and expand opportunities for youth to engage in healthy extracurricular activities such as sporting leagues, dance, art and team activities.

Support Teen Mothers and Fathers

- Support Child Development Centers in schools to help teen parents graduate and pursue a productive future as well as parenting teens supportive services for post high-school education.

- Engage in provider training to conduct outreach to teens that already have one child by providing contraception immediately postpartum and maintaining contact. This includes placing family planning information in the packets new mothers take home from the hospital which includes information about the importance of child spacing.

- Support family planning and sexual health programs for incarcerated teen parents.

- Support youth-friendly and culturally sensitive messaging which ensures that we do not send the message to youth that their lives are over or that they should be ashamed if they become teen parents.

Support Research to Inform Messaging and Approach

- Support an honest, open approach to sexuality.

- Launch focus groups to determine what messages reach young people (including young males) and are culturally sensitive.

- Support educational outreach to new technologies that engage youth and are youth friendly.

- Assess parental attitudes toward sex education to build support for comprehensive and effective curriculum.

- Strategically reduce poverty for West Virginia families.

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WV FREE (West Virginia Focus: Reproductive Education and Equality)
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WV FREE is a reproductive health rights and justice organization that works every day for West Virginia families to improve education on reproductive options, increase access to affordable birth control, reduce teen pregnancy and improve adolescent health, and protect personal decision-making, including decisions about whether or when to have child.

Every year WV FREE distributes thousands of pieces of family planning and emergency birth control educational materials to rape crisis centers, homeless shelters, clinics and college campuses. We organize comprehensive contraception and emergency contraception trainings with at-risk youth, incarcerated youth, high school students, and resident assistants at local universities in every region in the state. We work to train providers and health educators about the importance of offering patients comprehensive reproductive health care.

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