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Recent Decline in Teen Birth Rate — Alaska, 2008–2014

Background

Childbearing during the teenage years is associated with health, social, and economic costs for teen parents, their children, and our communities.¹ While teen birth rates among women aged 15–19 years have declined nationally by more than 61% since 1991 (from 61.8 to 24.2 per 1,000 teens in 1991 and 2014, respectively), the United States still has one of the highest teen birth rates in the developed world. This *Bulletin* describes recent trends in Alaska teen birth rates and provides strategies to reduce teen pregnancies.

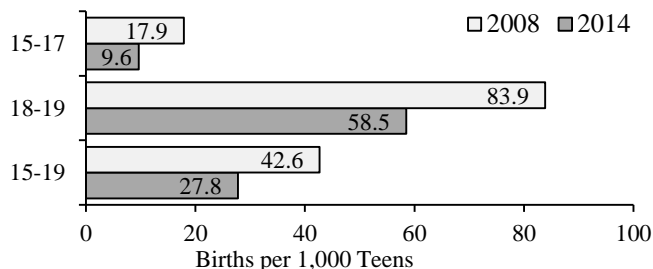
Methods

Alaska Bureau of Vital Statistics birth certificate data were reviewed to identify Alaska residents aged 15–19 years who gave birth during 2008–2014. Alaska Department of Labor population estimates were used to calculate teen birth rates. Teens were stratified into younger (aged 15–17 years) and older (aged 18–19 years) groups. Annual rates were calculated as births per 1,000 teen women. Regional rates were calculated based on the maternal region of residence reported on the birth certificate. Rate ratio comparisons were calculated using Chi-squared tests and trends were evaluated using negative binomial regression ($\alpha=0.05$).

Results

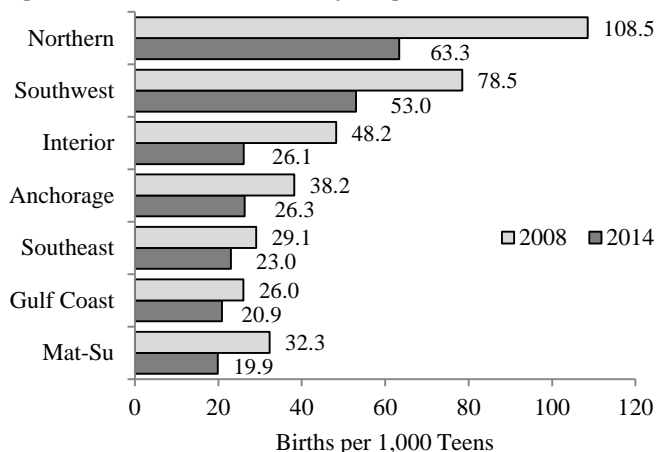
During 2008–2014, 6,226 teens aged 15–19 years gave birth. The Alaska teen birth rate dropped by 35% from 42.6 to 27.8 per 1,000 teens in 2008 and 2014, respectively ($p<0.01$; Figure 1). The birth rate decrease was greater for teens aged 15–17 years (46%, $p<0.01$) than for teens aged 18–19 years (30%, $p<0.01$; Figure 1). Overall, the bulk (76%) of teen births occurred among teens aged 18–19 years.

Figure 1. Teen Birth Rate Percentage Decline by Age Group, Alaska, 2008–2014



During this time period, a statistically significant decrease in teen birth rates occurred in all regions ($p<0.05$) except the Southeast ($p=0.31$), which has consistently experienced one of the lowest teen birth rates in the state (Figure 2). However, substantial regional differences persist, with rates remaining highest in the Northern and Southwest regions.

Figure 2. Teen Birth Rates by Region, Alaska, 2008–2014



Overall, 82% of teen births occurred among teens who were enrolled in Medicaid, this includes 81% of births to teens aged 18–19 years and 86% of births to teens aged 15–17 years.

Discussion

Consistent with national trends, Alaska has made great progress in reducing the statewide teen birth rate. This decline corresponds with self-reported declines in sexual activity and abortions among Alaska teens.^{2,3} However, there is considerable regional variability in teen birth rates in Alaska. Factors such as socioeconomic status,⁴ access to health care services that offer effective contraception and attitudes toward pregnancy and childbearing may contribute to these variations. Ongoing efforts to integrate social determinants of health into teen pregnancy prevention programs play a critical role in addressing disparities.⁴ More research is warranted to understand and address teen birth rate disparities in Alaska.

In 2014, the American Academy of Pediatrics recommended long-acting reversible contraception (LARC) as a first-line contraceptive choice for adolescents who choose not to be abstinent. The Affordable Care Act (ACA) now requires insurers to cover the full cost of LARCs.

Research indicates that income-based Medicaid expansions may be effective in reducing births among teens aged 15–19 years.⁵ In 2015, Alaska expanded Medicaid coverage through the ACA to include family planning services for teens with incomes up to 138% of the federal poverty level. This may lead to further reductions in teen births.

Recommendations

1. Parents and other caregivers can help by talking with their teens about sex, encouraging teens to delay sexual initiation, encouraging sexually active teens to use effective birth control methods to prevent unwanted pregnancy *and* to use condoms to prevent sexually transmitted diseases (STDs), and visiting a health care provider with their teen to learn about various types of birth control.¹
2. Health care providers can help by improving the quality of reproductive health care, and related preventive health care, for teens by promoting teen-friendly health clinics; encouraging teens to delay sexual initiation; offering effective contraceptive methods, including LARCs, for sexually active teens and discussing the pros and cons of each method; seeking training in LARC insertion and removal; and educating teens about the need to use condoms to prevent STDs, regardless of their chosen method of contraception.^{1,6,7}
3. Teens should be encouraged to talk openly to their parents, caregivers, and health care providers about making healthy choices regarding sexual activity.¹

References

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