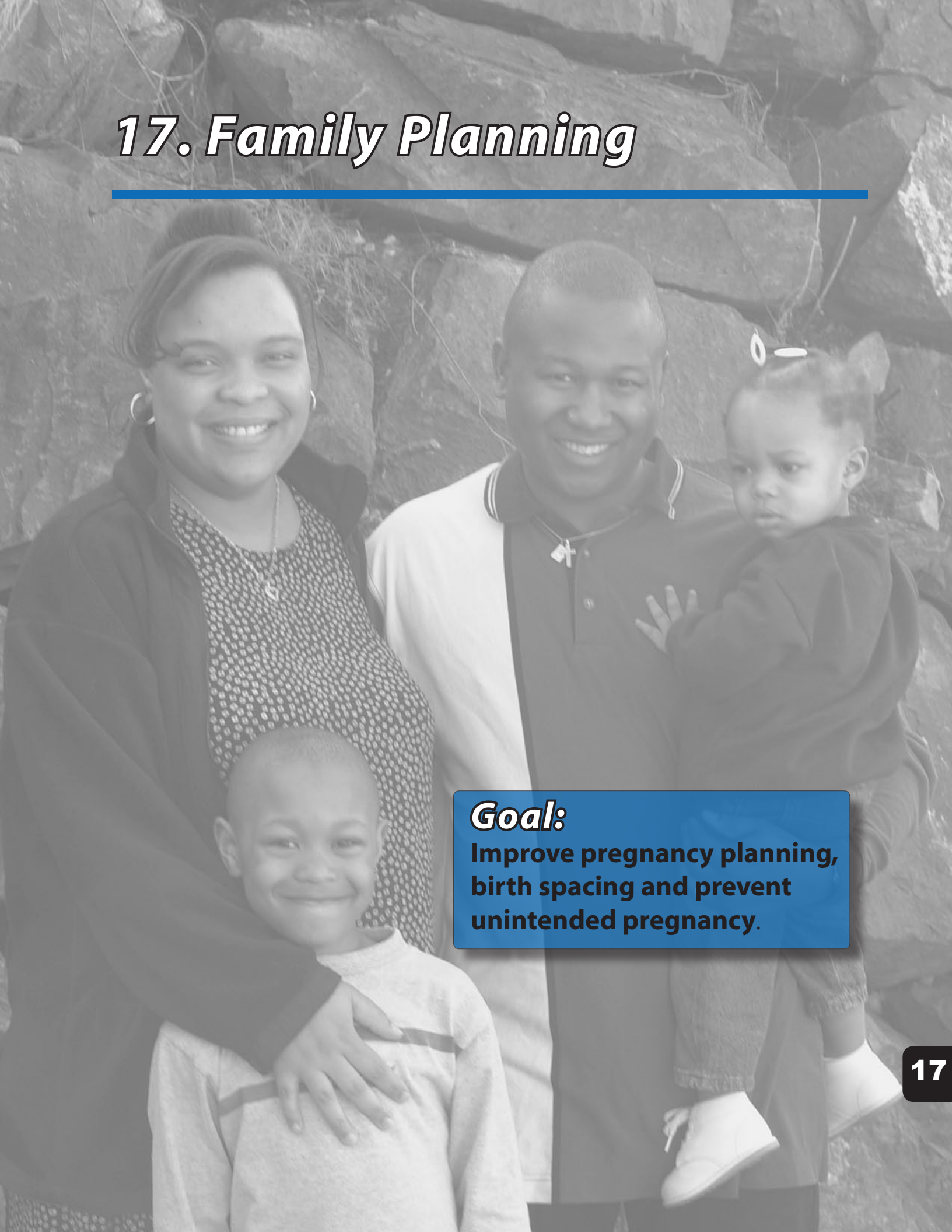
17. Family Planning



Goal:
Improve pregnancy planning, birth spacing and prevent unintended pregnancy.

Health Goal for the Year 2010: Improve pregnancy planning, birth spacing and prevent unintended pregnancy.					
	Indicator	**Alaska Data Source**	**U.S. Baseline**	**Alaska Baseline**	**Alaska Target Year 2010**
1	Decrease the proportion of live births that occur as a result of an unintended pregnancy (as a percent of all females delivering a recent live birth).	PRAMS	49% (1995) NSFG	43% (1998)	35%
	Alaska Native	PRAMS		46%	35%
2	Reduce teen births (live births per 1,000 females 15-17).	ABVS	28.7 births (1999)	26.5 (1999)	18
	Alaska Native	ABVS		54.0 (1999)	18
	Black	ABVS		33.8 (1999)	18
	Asian or Pacific Islander	ABVS		25.7 (1999)[1]	18
	White	ABVS		17.7 (1999)	18
	Hispanic or Latino (all races)	ABVS		38.0 (1999)	18
3	Reduce the proportion of births occurring within 24 months of a previous birth.	ABVS (potential)	11% (1995) NSFG	Developmental	
4	Increase the proportion of females (and their partners) over age 18, and at risk of unintended pregnancies, who use contraception.	BRFSS	93% (1995) NSFG	70% (1998)	85%[2]
5	Reduce the proportion of females delivering live births despite use of a reversible contraceptive method.	PRAMS	13% (1995) NSFG	23% (1998)	10%
6	Increase access to emergency contraception.	Alan Guttmacher Institute, AK Emergency Contraception Project (potential)	Developmental	Developmental	
7	Increase the proportion of high school students who respond they have never had sexual intercourse before age 15 years.	YRBS	80% ages 15-19 (1995) NSFG	77% (1999)	85%
8	Increase the proportion of high school students who have never engaged in sexual intercourse.	YRBS	50% (1999)	57% (1999)	65%
9	Increase the proportion of middle school students who state they have never had sexual intercourse	YRBS		84% (1999)	90%
10	Increase the proportion of sexually active high school students who use contraception that effectively prevents pregnancy and provides barrier protection against disease (high school students using condom at last intercourse).	YRBS	58% (1999)	56% (1999)	75%

Health Goal for the Year 2010: Improve pregnancy planning, birth spacing and prevent unintended pregnancy.					
	Indicator	**Alaska Data Source**	**U.S. Baseline**	**Alaska Baseline**	**Alaska Target Year 2010**
11	Increase proportion of currently sexually active high school students using condom or hormonal method at last intercourse.	YRBS		68% (1999)	85%

[1]Use caution - rate is based on fewer than 20 births
[2]Up to 10% of females over age 18 may not be sexually active
PRAMS - Pregnancy Risk Assessment Monitoring Survey
NSFG - National Survey of Family Growth
ABVS - Alaska Bureau of Vital Statistics
BRFSS - Alaska Behavioral Risk Factor Surveillance System. All U.S. BRFSS data are age-adjusted to the 2000 population; the Alaska BRFSS data have not been age adjusted, so direct comparisons are not advised. See Technical Notes.
YRBS - Alaska Youth Risk Behavior Survey. Alaska sample for 1999 did not include Anchorage. High school data for 1999 are weighted and representative of the state student population excluding Anchorage.

Overview

Family planning programs provide individuals with the means to achieve planned pregnancies and prevent unintended pregnancies through contraception, medical care, and health education. Unintended pregnancy rates in the United States showed a decline between 1987 and 1994, probably as a result of higher contraceptive use and more effective contraceptive methods. Other possible factors contributing to the decline are media campaigns highlighting teen pregnancy and sexually transmitted diseases, community activities, increased funding for abstinence education, and high rates of surgical sterilization. Despite this improvement, about half of all pregnancies in the United States are unintended.

Unintended pregnancy has medical, social, and economic consequences. For example, when conception occurs without intention, the fetus can easily be exposed to toxins, harmful drugs, or teratogens (a substance capable of causing birth defects) even before the woman knows she is pregnant. Data show the incidence of intimate partner violence escalates during pregnancy, especially when the mother indicates that the pregnancy is unintended.[1]

Failure to complete education goals, which may in turn lead to welfare dependency, is one of the social costs of unintended pregnancy. Children of teen mothers tend to become teen parents themselves. Children of single parents tend to have more brushes with the legal system, discipline problems in school, and poor scholastic performance.[2]

Economic costs may be expressed positively or negatively, that is, as savings or expenditures. Studies show that for every $1 spent on family planning services, an average $4 is saved.[3,4] Many states have expanded Medicaid coverage to provide nearly universal family planning services as a way to avoid the extraordinary costs of prenatal care, delivery, and welfare benefits paid to support low-income women through unintended pregnancies. Such family planning expansion programs are shown to be at least cost neutral and result in substantial savings over time[5]. In the long term, goals to reduce welfare dependency and return women to the work force cannot be met without adequate family planning services to reduce unintended pregnancy.

Issues and Trends in Alaska

In Alaska, the Pregnancy Risk Assessment Monitoring Survey (PRAMS) measures the "intendedness" of live births by asking a woman who has delivered within the past three months whether she became pregnant when she wanted to be pregnant. It is difficult to measure an unintended pregnancy in Alaska, due to a lack of data on pregnancy terminations and spontaneous abortion. No decline in the proportion of live births that occur as a result of unintended pregnancy in Alaska has occurred since 1990. In 1998, 43 percent of live births were unintended. These figures mirror the United States rates for unintended pregnancy and suggest a need for continued and enhanced family planning programs.

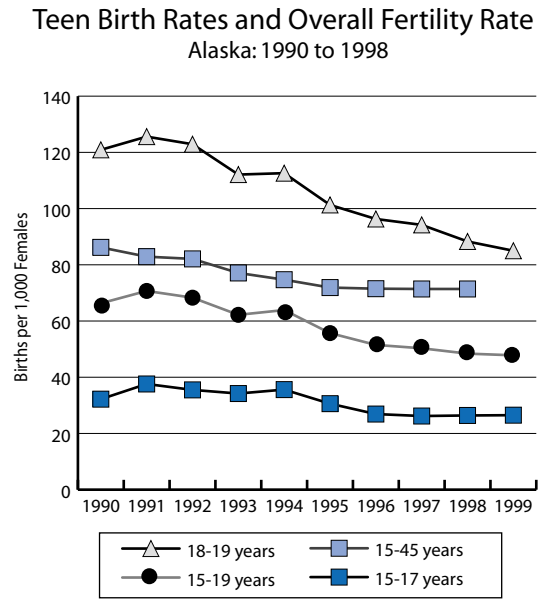
About 70 percent of Alaskan women over 18 use birth control, and over half (58%) of these women use a reversible contraceptive method.[6] Among women who had an unintended birth during 1996-97, 40 percent indicated they were using birth control.[7] Unintended pregnancies experienced by females using reversible methods are primarily a result of inconsistent and/or inappropriate use.[8] Increasing the use of long-term contraception (such as injectable, intrauterine or implanted hormonal methods) for women who want reversible contraception may also reduce unintended pregnancies. Long-term birth control methods may be more costly to initiate but would prove to be more cost-effective in the long run by providing women with the most effective contraception.

Alaska has the second highest fertility rate among the 50 states. While the total fertility rate for Alaska (71.4 per 1,000) remains considerably higher than the national average (65.4 per 1,000), the teen birth rate in Alaska (47.8 per 1,000 females age 15-19 in 1999) declined substantially over the last decade. Between 1990 and 1999, the birth rate for Alaskan females age 15 to 19 declined by 30 percent and is now slightly lower than the national teen birth rate of 51 births per 1,000 females. The significant decline in births to older teens (age 18 to 19) accounts for the majority of the decrease in the teen birth rate in Alaska since 1990. Births to young women age 18 to 19 comprise two thirds of teenage births in Alaska (Figure 17-1).

Despite Alaska's impressive achievement in reducing teen births, it is important to note that a substantial racial disparity persists for this critical public health indicator. Native Alaskans have over twice the rate of teen birth as whites. While the teen birth rate for Na-

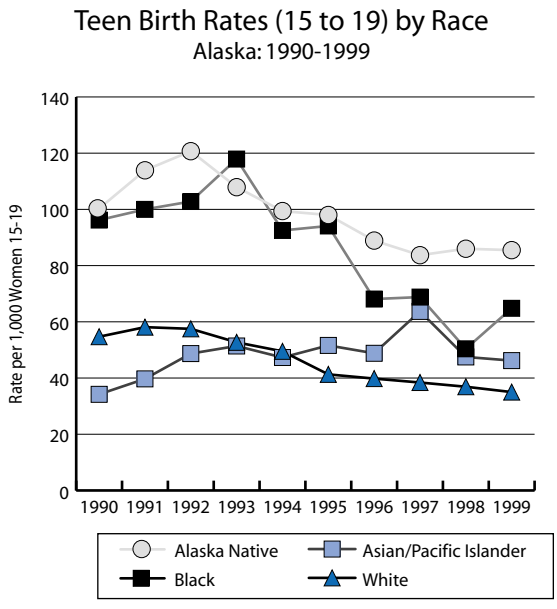
tives declined an impressive 22 percent between 1990 and 1998, white teens experienced a much larger (52%) decline (Figure 17-2).

Figure 17-1



Source: Personal communication with Scott Reynoldson (BVS Research & Anaylisis)

Figure 17-2



Source: Alaska Bureau of Vital Statistics

Current Strategies and Resources

The Alaska Department of Health and Social Services (DHSS), Division of Public Health, Section of Maternal, Child & Family Health's (MCFH) strategies to decrease Alaska's unintended birth rate include efforts to:

- Decrease the risk factors and increase the protective factors associated with early sexual activity.
- Increase the number of youth choosing to delay sexual activity.
- Improve access to family planning services state wide.
- Create provider awareness of proactive opportunities to provide emergency contraception.
- Implement new standard of medical practice to provide contraception without Pap and pelvic exam.

Adolescent Health Issues and Program

The Adolescent Health Program (AHP) was started in the MCFH in 1992 to address teen pregnancy comprehensively. The AHP maintains a holistic view of teen health and well-being. Instead of looking at single behaviors separately (i.e., teen pregnancy, tobacco, substance use, violence, suicide, school failure etc.), the AHP examines the overlap between behaviors, their underlying risk and protective factors, and identifies successful cross disciplinary, strength-based approaches to address these issues. The Adolescent Health Coordinator provides technical assistance to state agencies and community based organizations on practices, programs, and policies shown to be effective in improving teen health.

The Adolescent Health Advisory Committee (AHAC) was created in 1992 to advise the DHSS on teen health issues and to develop a state Adolescent Health Plan. After completion of the plan in 1995, members agreed that a citizens' advisory and advocacy group, specifically for adolescents, would be beneficial. AHAC remains active in advising on all aspects of the plan. Cited nationally as a model strategic plan, it serves as the foundation for all programs, services and activities funded through the AHP and numerous other state agencies.

The AHP develops and distributes a variety of adolescent health and teen pregnancy prevention resources for parents, schools, agencies, youth, and communities. The program provides technical assistance an-

sponsorship of statewide adolescent health and teen pregnancy conferences and workshops. Abstinence and comprehensive teen pregnancy prevention projects are funded through community-based grants.

The Adolescent Health Program has had a special focus on teen pregnancy prevention. Multiple factors must be considered to reduce the teen birth rate in Alaska. In 1999, 29 percent of ninth graders reported having had sexual intercourse at least once. Besides increasing their risk for unwanted pregnancy Alaska data show students who report early onset of sexual intercourse (before the age 15) are more likely to report engaging in other risk taking behaviors (alcohol & other drugs, physical fighting and seriously considering suicide).[9,10,11] Several studies have found a significant relationship between early abuse and subsequent sexual activity, pregnancy, and other risk behavior among young teens.[12] Boyer found 62 percent of young pregnant women have experienced physical or sexual abuse prior to their pregnancy.[12] During 1991-1994, 17 percent of adolescent mothers under 17 years of age reported that they had planned to become pregnant.[13] In 1998, over 25 percent of young women ages 18-19 years of age were having their second, third, or fourth child.[14]

Recognizing the link between positive self-esteem and healthy teen behaviors, a collaborative project, initiated in 1997 with a statewide broadcasting station, developed a media campaign and hosted annual banquets to publicize and recognize youth for contributing positively to their communities. This project led to the formation of the "Spirit of Youth" Foundation dedicated to creating and promoting opportunities for youth involvement in all aspects of their communities. The foundation supports activities that increase civic engagement, increase health, build leadership and provide media recognition for the positive contributions youth are making statewide.

To increase overall teen health, well being, and academic success, the AHP promotes the protective factor and Youth Developmental Assets framework In collaboration with the Association of Alaska School Boards, the book, *Helping Kids Succeed-Alaskan Style* was written in 1998, launching a statewide Youth Developmental Assets initiative. The book, technical assistance, and practical applications to programs and services statewide, address teen pregnancy and other youth risk behaviors.

Family Planning Programs

Family planning services in Alaska are funded through the MCFH by the allocation of federal and state funds. Collaborative agreements with the Section of Public Health Nursing and with private non-profit agencies such as Community Health Centers and Planned Parenthood complete the service delivery network. The MCFH section served approximately 6,265 women with family planning care in CY2000.

Expanding public private partnerships will increase the availability of family planning services to more people in more communities. As of December 2000, MCFH had expanded comprehensive family planning programs to six sites served by private non-profit agencies and to eight public health centers. Three sites are funded to provide free or low-cost vasectomies for low-income and under and uninsured men. Low-income women may obtain sterilization through the Medicaid program. Engaging a network of public health centers, private non-profit and for-profit medical providers and pharmacies is critical to provide services close to where women and families live. The state role in this service delivery model has increasingly become one of oversight, resource development and assignment rather than that of a direct care provider.

Medicaid covers the costs of family planning, medical counseling, and birth control for both men and women. Recipients may obtain services from any private provider who accepts Medicaid. No co-payment is required for family planning services. Over the counter items such as condoms and contraceptive foam are covered by Medicaid when there is a written prescription for them.

Family planning services are available through tribal health organizations, the Municipality of Anchorage Department of Health and Human Services, private medical providers, and non-profit family planning clinics such as Planned Parenthood of Alaska clinics in Anchorage, Sitka, and Soldotna, Katchemak Bay Family Planning Clinic, and through community health centers statewide.

Established in 1966, Planned Parenthood Alaska provides clinical services annually to over 5,000 women, men, and young people each year. The education department reaches an additional 5,000 people yearly. Responsible sexuality education presentations are on a range of topics including: abstinence, puberty, healthy relationships, refusal skills, contraception,

STD prevention, violence issues, self-esteem, and parent-child communication. Educational programs are provided at local middle and high schools, youth detention and treatment centers, institutions for mentally ill, agencies for the developmentally disabled, faith communities, civic organizations, and women's abuse shelters.

Contraception

New contraceptive options and formulations have been developed and received Food and Drug Administration (FDA) approval in the last decade, such as implants, injections, and patches. The most significant changes, however, involve oral contraceptives. The use of oral contraceptives for emergency contraception and the provision of oral contraceptives without physical examination could reduce the risk of unintended pregnancy for many women.

Post-coital administration of emergency contraceptive pills (ECP) after unprotected intercourse is estimated to reduce the risk of pregnancy by 75 percent to 88 percent. Yet, this method, which has the public health potential of significantly reducing unintended pregnancy, is not well known and not yet widely available to the public.

In February 1997, the FDA announced that certain regimens of combined oral contraceptives are safe and effective for emergency contraception when initiated within 72 hours after unprotected intercourse. The FDA notice was intended to encourage manufacturers to make this additional contraceptive option available.[15] Two products have since been approved by FDA and are being marketed. The Alaska State Board of Pharmacy has drafted rules that would permit emergency contraception provision through collaborative practice agreements between pharmacists and physicians.[16] Such agreements enable women to receive ECP directly from a pharmacist by prescription without a clinic visit.

ECP is increasingly being dispensed in advance of need, to have on hand for future use, either to supplement an ongoing contraceptive method or to use when planned abstinence is not practiced. This is a particularly important practice in light of the poor availability of pharmacy services in the Alaska bush. MCFH works with the Alaska Emergency Contraception Coalition to promote awareness of and access to ECP statewide. MCFH has assisted in contacting providers with educational materials and by providing consumers with printed materials and advertisements. A special effort has been made to include emergency medical care providers and women's shelter staff so that women who are sexually assaulted will routinely be offered ECP.

A recent change in FDA and Office of Population Affairs policy makes oral contraceptives more readily and inexpensively obtained by "unlinking" the provision of contraceptives from a physical screening examination. The FDA revised its required package insert advice to medical providers to indicate that a screening examination is not necessary prior to prescribing oral contraceptives.

Medical experts cite a body of clinical evidence documenting the safety of oral contraceptives compared to the higher risks of pregnancy and birth, the steady decline in the pill's hormonal content over the past 30 years, and a greater understanding of underlying disease processes previously thought to be related to or aggravated by the pill's hormones. Accordingly, the family planning program is encouraging medical providers to routinely offer clients screening examinations and to encourage clients to have regular screening based on preventive health guidelines, but to offer oral contraceptives when a client has a need for them and when a low risk health history is documented. Thus, screening intervals can be determined independently of oral contraception prescription, eliminating duplicative services and excessive screening based on antiquated policy rather than medical advice.

Data Issues and Needs

Caution should be taken in comparing Alaska's teen birth rate with teen pregnancy rates that are published for Unites States' girls. Alaska does not keep records of induced or spontaneous abortions. As a result, data sources used are generally records of birth data or surveys of women who have recently given birth. Alaska does not have data on teen pregnancy, only on teen births.

Measurement of the percent of births that occur as a result of an unintended pregnancy is critical to evaluating the effectiveness of family planning programs. As fertility rates and teen birth rates decline, a concurrent decline in the proportion of births that were unintended would be expected. No such correlation has been observed using our present data systems. Additionally, there is no agreement between PRAMS and BRFSS data on the proportion of women who report

that their babies were born as a result of an unintended pregnancy. The validity of this indicator should be carefully assessed and improved methods for measuring pregnancy intent should be developed.

Improved systems for collecting and analyzing population–based data on contraceptive use are needed to fully understand the reasons for attitudes and behaviors associated with the use of birth control in Alaska. Data on the role of men in family planning and the use of male contraceptive methods would also be valuable.

Adoption of an appropriate economic model to evaluate the success of state programs in reducing unintended pregnancy would be helpful in determining program goals, cost-effectiveness of proposed strategies and services, and in objectively presenting program successes to policy-makers.

The main source of data on adolescent sexual activity is the Youth Risk Behavior Survey (YRBS). Using this valuable data source maybe problematic for the following reasons:

- This statewide survey was conducted in 1995 and 1999, but Anchorage did not participate in 1999. The survey has not been conducted frequently enough in Alaska to make meaningful conclusions about trends.
- A new state law, enacted during the 1999 legislative session, now requires school districts to secure "active parental consent" for students to participate in school-based surveys. As a result only students with a signed permission form indicating approval to participate may complete the YRBS and other health related surveys. Since the law went into effect, the number of youth participating in the health surveys (most often because the parents never received, lost or forgot to return the parent permission slip) has declined, jeopardizing data collection, analysis and understanding of the impact of teen pregnancy prevention and other public health interventions.
- The YRBS does not collect data on the risk or protective factors associated with the behaviors being measured, for example, sexual activity, tobacco, alcohol, drug use, fighting.

Related Focus Areas

A variety of objectives in other *Healthy Alaskans* chapters are linked to objectives in *Family Planning*.

- *Maternal, Infant, and Child Health*
- *Immunization and Infectious Diseases*
- *Sexually Transmitted Diseases/HIV*
- *Cancer*

Maternal, Infant and Child Health is linked to Family Planning by indicators such as maternal deaths, good prenatal care, and prenatal substance exposure. Planned pregnancies are more likely to result in good prenatal care and no substance exposure during the early stages of pregnancy. If effective barrier protection is used as to prevent pregnancy, family planning will also result in fewer cases of Hepatitis B, sexually transmitted disease, and HIV infection. Thus, the *Immunization and Infectious Diseases*, *Sexually Transmitted Diseases/HIV*, and *Cancer* chapters are associated with *Family Planning*.

Endnotes

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DHSS: Section of Public Health Nursing	www.hss.state.ak.us/dph/nursing
Planned Parenthood of Alaska	www.plannedparenthoodalaska.org

National

Office of Population Affairs	opa.osophs.dhhs.gov/
Alan Guttmacher Association	www.agi-usa.org/
Consortium for Emergency Contraception	www.cecinfo.org/

Chapter Notes