State of the State: Teen Pregnancy in Texas and the Rio Grande Valley

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Our Work

The Texas Campaign is a non-partisan, non-profit organization. Our mission is to improve the quality of life for children, families and communities across Texas by preventing unintended teen pregnancies.

Strengthen Connect
Provide Engage
Quiz: Before We Begin

Since 2007, the teen birth rate in Texas has:

A. Stayed about the same
B. Declined by about 20%
C. Declined by about 50%
• Texas had the 4th highest rate of teen birth nationwide in 2016.

• The decline in the Texas teen birth rate mirrors national trends.

Rates in the RGV are about twice as high as state average, but also are declining.
Birth Rate by County, 2015

txcampaign.org/interactive-map/

Teen Pregnancy Rates generally are higher:

- Among older teens
- Among girls living in poorer areas
- Among Hispanic and black girls
- In rural counties
- Among girls who have already had a baby
- Among youth with a history of trauma/adverse childhood experiences
Quiz: Keeping Time

A baby was born to a teen mom in Texas:

a) Once every 10.5 minutes
b) Once every 18 minutes
c) Once every 5 hours

Source: Texas Campaign Analysis of DSHS data

Count of Texas Teen Births by Age of Mother
Count of RGV Teen Births by Age of Mother, 2016

Disparities

Count of Teen Births in Texas, 2015

Birth Rate per 1,000 Texas Girls Aged 15-19

Department of State Health Services
Repeat Births

More than 19% of teen births in Texas are to girls who have already had at least one baby, the highest in the nation. In some counties, the proportion is higher than 30%.

In 2016 in Texas, 5,744 adolescent girls experienced a repeat teen birth.

Teens who have had one baby have a greater likelihood of repeat pregnancy.

Foster Youth

- Foster youth face many significant hurdles and almost always have a history of trauma
- Foster youth may be more likely to have a baby intentionally – a baby represents love and belonging
- A high percentage of foster youth report initiating sexual activity by the age of 13
- The teen birth rate among foster youth is roughly double that of the general population
- There is a great deal of misinformation around the right of foster youth to access and consent to contraception
Abuse and Coercion

- Intimate partner violence can be a risk factor for unintended pregnancy
- Reproductive coercion can include sabotaging birth control or intentionally getting a partner pregnant as a form of control

In one study of women aged 16-29 in publicly funded clinics:
- 53% of respondents said they’d experienced physical or sexual violence from a partner,
- 20% said they had experienced pregnancy coercion
- 15% said they experienced birth control sabotage.

“Pregnancy Coercion, Intimate Partner Violence and Unintended Pregnancy”

What percent of teens become mothers?

Estimates from 2013 data suggest that:

11 percent of teen girls in the United States will give birth before their 20th birthday, including:
- 8 percent of white adolescent females
- 16 percent of black adolescent females
- 17 percent of Hispanic adolescent females

This percentage is higher in Texas.
Determinants of Early Childbearing

Individual
- Poverty
- Perceived lack of economic opportunity
- Trauma history
- Family structure
- Maternal education
- Coercive relationships
- Access to medical care
- Knowledge of reproductive health

Societal
- Income Inequality
- Actual lack of economic opportunity
- Health Care Delivery Systems
- Sex Education
- Cultural forces

Health Equity

“Health equity is achieved when everyone has an equal opportunity to reach his or her health potential regardless of social position or other characteristics such as race, ethnicity, gender, religion, sexual identity, or disability.

Health inequities are closely linked with social determinants of health.”

-CDC
Outcomes of Teen Pregnancy

Teen Childbearing is Associated With:

- Higher poverty rates
- Lower levels of educational attainment
- Worse health and behavioral outcomes among children
- Children of teen parents are more likely to experience teen pregnancy themselves
Correlation or Causation?

Are the negative outcomes associated with teen childbearing actually the result of teen childbearing?

Randomized trial is the gold standard to show causation, but researchers can’t randomly assign teens to have a baby or not.

“Quasi-experimental design”:
- Comparing outcomes of sisters, one who had a baby as a teen and one who didn’t
- Comparing outcomes of girls who got pregnant as teens but miscarried with girls who had a baby
- Assigning “propensity scores”, or likelihood of early pregnancy, and comparing outcomes for girls with similar scores who did or didn’t become pregnant
Correlation or Causation?

“Taken as a whole, previous research has had considerable difficulty finding much evidence in support of the claim that teen childbearing has a causal impact on mothers and their children. Instead, at least a substantial majority of the observed correlation between teen childbearing and inferior outcomes is the result of underlying differences between those who give birth as a teen and those who do not.

...We believe that the high rate of teen childbearing in the United States matters because it is a marker of a social problem, rather than the underlying social problem itself.”

-"Why is the Teen Birth Rate in the United States So High and Why Does It Matter?"
Kearney & Levine. 2015

Path out of Poverty

But – others criticize this research for comparing teen mothers to girls who have unplanned pregnancies in their early 20s.

If a low-income teen completes high school, works full time and marries before he or she has children, the chance of staying poor falls from 12% to 2%, and the chance of joining the middle class or higher rises from 56% to 74%.

-Brookings Institute
Education

Less than 2% of teen mothers obtain a college degree.

Poverty

Two-thirds of families begun by young, unmarried mothers are poor.
Reasons behind the Decline

Quiz: Reasons for decline

- Teens seem to be waiting longer to start having sex.
  - True
  - False

- Teens are more likely to use contraception when they have sex.
  - True
  - False

- Teens are more likely to use condoms when they have sex.
  - True
  - False
Reasons for Decline: Contraception

We have evidence that adolescents are using contraception more consistently, and also using more effective forms of contraception.

A 2016 Guttmacher analysis attributes nearly all of the decline in teen pregnancy from 2007 – 2012 to contraceptive use.

Teens have higher rates of contraceptive failure than adults when using methods that require user action – one solution is LARC.


LARC 101

Long-Acting Reversible Contraception (LARC)
- Available as hormonal or non-hormonal IUD or hormonal implant
- Highly effective: less than 1% failure rate
- Whoops-proof: nothing to do or remember
- Lasts for 3 – 10 years
- While all methods may have intolerable side effects, LARC methods are generally well-liked by users
- Now recommended for adolescents
- Now recommended for post-partum use
- Women who work in the field of reproductive health are about 4 times more likely to use a LARC method than their peers.
- Contraceptive counseling should always focus on informed consent and be non-coercive.
**Actual Use Failure Rates of Contraception**

- **Less than 1%**
  - IUD
  - Hormonal Implant
  - Sterilization

- **6 – 12%**
  - Injection
  - Hormonal pill, patch, ring
  - Diaphragm

- **18%+**
  - Condom
  - Sponge, spermicide
  - Fertility Awareness
  - Withdrawal

*Source: CDC Effectiveness of Family Planning Methods*

Only 5% of unintended pregnancies are to women using any form of contraception reliably and consistently.

**Reasons for Decline: Behavioral Change**

- Texas high school student who report ever having sex decreased from 53% to 39% from 2007 – 2017.
- 63% of students in Texas still report having sex by the age of 18.
- In general, we have evidence that this generation of teens may be engaging in less risky behavior.

*Youth Risk Behavioral Survey*
Reasons for decline: ???

Not a Reason: Abortion

The abortion rate among teens ages 15 to 19 declined by 67 percent between 1990 and 2011.

The percent of teen pregnancies that end in abortion also has declined.

Source: Guttmacher Institute, 2016
Larger Trends

Since 2007, fertility rates in America have dropped sharply for every age group under the age of 30, with recent declines for women under 40.

Total fertility rates controlling for marital status have not changed very much over the last 15 years, but fewer women are marrying.

New York Times, Feb. 13, 2018
"American Women Are Having Fewer Children Than They’d Like"

Current Policy Landscape
3.4 million kids in Texas are covered through Children’s Medicaid or CHIP. Rates of uninsured kids have decreased since 2009.

However, Texas is one of the worst states in the nation for uninsured children.

1 in 5 uninsured children live in Texas.

Access to health care is especially challenging for undocumented families.

9.5% of Texas kids had no insurance in 2015, nearly twice the national average.

All Texas residents with incomes below 250% of the federal poverty level are eligible for free reproductive health care, regardless of age, citizenship status, gender, etc.
# Current Policy Landscape: Main Contraceptive Access and Prenatal Care Programs

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<th>State</th>
<th><strong>Healthy Texas Women</strong></th>
<th><strong>Family Planning Program</strong></th>
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|       | • Female citizens/legal residents aged 16-45 with no other insurance and income under 200% FPL  
       | • Auto-enrolled from Pregnant Women’s Medicaid | • Men and women of childbearing age, with incomes under 250% FPL. May have other insurance. No citizenship requirement. |
| State/Federal | **Medicaid** | **CHIP and CHIP-P** |
|       | • General health care, including contraception and prenatal care, for Texas children and pregnant women. Income requirements vary. | • General health care for children whose family incomes are too high to qualify for Medicaid. CHIP does not cover contraception but does cover prenatal care and childbirth.  
       | | • CHIP Perinatal: prenatal care for some adults |
| Federal | **Title X** | **Federally Qualified Health Centers** |
|       | • Federal family planning funding disbursed directly to public health clinics. | • Publicly funded health clinic; may have local funding; may operate on sliding scale. May be located within schools. |

## State vs Federal Spending

Total spending on women’s health programs has actually increased since 2010, though federal contributions have decreased.

Program enrollment is rising but it’s unclear if we’re serving as many women as we did in 2011.

Source: Legislative Budget Board
Current Policy Landscape: Consent Laws

- It's usually best for teens to talk to their parents about their contraceptive choices.
- Texas has some of the most restrictive laws in the nation around requiring teens to have parental consent to get contraception. There is a lot of confusion among providers about consent laws.
- Teens generally require parental consent for contraception if they are covered through private insurance or state programs like Healthy Texas Women or Family Planning.
- Under interpretation of federal law and state guidance, youth of childbearing age may consent to their own contraception if they are covered through Medicaid or being served at a Title X clinic.

Current Policy Landscape: Contraception

Teen mothers in Texas may provide consent for medical decisions for their children, but under state law they can't consent to their own contraception.
Texas is one of 26 states that do not require sex education. Since the State of Texas removed the health education requirement for high school graduation in 2009, the number of districts not offering health education classes has risen dramatically.

- **58%** of Texas public schools teach Abstinence-only curriculum.
- **17%** of Texas public schools teach Abstinence-plus curriculum.
- **25%** of Texas public schools teach no sex education at all.

But...of the 10 largest districts (with enrollment >50,000), **80%** teach abstinence-plus sex ed.

"Conspiracy of Silence: Sexuality Education in Texas Public Schools." Texas Freedom Network. 2017

The weight of scientific evidence finds that abstinence-only-until-marriage programs generally are not effective in delaying initiation of sexual intercourse or changing other sexual risk behaviors.

Many experts recommend an “abstinence plus” approach, which teaches abstinence first and medically accurate risk reduction second.

Districts can choose to teach medically accurate sex education.

Districts have the option to supplement current curricula or bring in outside presenters.

Education should be age-appropriate and also focus on concepts like healthy relationships, self-confidence, and decision-making skills.
Medically Accurate Curricula Used in Texas

- Big Decisions
- It’s Your Game: Keep it Real
- Draw the Line, Respect the Line
- HealthSmart
- Safer Choices
- Reducing the Risk
- Scott and White optional contraception module


Best practices: Support kids who already are parents

- We never want to make people feel badly about the families they already have.
- Support teen parents in completing their education through innovating programming or assistance.
- Make sure they have access to information and tools to decide if, when, and under what circumstances they want to get pregnant in the future.
- Help them access effective contraception, if desired
- Provide parenting support and training.
- Provide wraparound support if necessary to stabilize their home lives.
- Remind them that they are important and valuable.
What you can do as a youth-facing professional

- Urge your school district leaders or SHAC to provide medically accurate health education
- Know and grow the healthcare resources in your community
- Teach and model healthy relationship skills
- Support parents in talking with their kids about sex and relationships
- Make sure adolescents have the information they need to access contraception, if desired, and educate providers on consent laws
- Make kids feel heard and valued – one trusted adult can make a difference

Discussion?

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