

Acknowledgements

The report was authored by Carol A. Kuplicki, MPH.

The statistical data was reviewed for accuracy by members of the Oklahoma State Department of Health. A special thanks for their support.

Marilyn Lanphier, MPH, FSAM, RN
Coordinator, Adolescent Health Program, Child and Adolescent Health Services

Marguerite Keesee, MA
Women's Health Consultant

Paul Patrick, MPH
Maternal and Child Health Consultant and
Coordinator for the Oklahoma Toddlers Survey

James Allen, MPH, CHES
Program Consultant, Child and Adolescent Health Services

Julie Montgomery, MPH
PRAMS Project Coordinator

The narrative was edited and analyzed by members of the Family Health Coalition. Their dedication in addressing the needs of our community's youth has no end.

Nancy Kachel
Executive Director
Planned Parenthood of Arkansas and Eastern Oklahoma, Inc.

Helen Feuerborn, BS, MPA
Executive Director
Margaret Hudson Program, Inc.

Edna Jackson
Retired, Maternal and Child Health
Tulsa Health Department

Colleen Ayres-Griffin
Manager Maternal and Child Programs
Community Service Council of Greater Tulsa, Inc..

Jan Figart
Senior Planner Maternal and Child Health
Community Service Council of Greater Tulsa, Inc.

Funding for this project was made possible through

Department of Health and Human Services, Health Resource & Services Administration, Community Integrated Service Systems, Community Organization Grants Program through a grant to the Family Health Coalition, Community Service Council of Greater Tulsa, Inc. Grant Number: 5 H25 MC 00185-02.

Editorial Preface

The Family Health Coalition embarked on a study of teen pregnancy and births in Oklahoma in June 2001. The goal was to analyze the information and develop a picture of the teen pregnancy in our community. As amazing as it may seem, in a state where teen pregnancy and births has been a significant feature of the health, social and economic landscape since statehood, nothing is available on teen pregnancy or teen sexual behavior (except crude fertility rates) and little is available on teen births (birth certificate data and Oklahoma State Department of Health PRAMS data).

The lack of attention in defining the problem in Tulsa and Oklahoma, belies the fact that Oklahoma has been in the top fifteen states in teen birth rates for the past decade. Social welfare reformers of 1995 wanted to send a clear economic message to teens “not to get pregnant” but the message was not heard. Although, the number of teen births in Oklahoma has been declining for the past decade, as a percentage of the total births, the percentage has been climbing. As a state that has high poverty rates and low education attainment in comparison to other “sun belt” states, we should want to analyze every possible variable which stymies our economic growth. Yet teen pregnancy, which has been documented to consistently lead to low education attainment of the teen parent and ultimately low income rates...not just during pregnancy and the early childhood years but for the life time of the mother... has received little scrutiny. Many don’t want to touch the issue...because it steeped in faith and morals. But by the documented high teen birth rate...are we saying we are less moral and without faith.

To speak metaphorically, we measure our teen pregnancy and sexual behavior activities like having a car accident. The wreck has happened, we have two vehicles equally involved but we only want to look at one driver. The only insurance to prevent the wreck was a message to the drivers “don’t have an accident “.

In 1997, as part of the Youth Risk Behavior Surveillance System, the Centers for Disease Control and Prevention conducted a national school-based Youth Risk Behavior Survey that resulted in 16,262 questionnaires completed by students in 151 schools. Oklahoma did not participate. These data are summarized from that survey.

Ever had Sexual Intercourse

- 48.4% of students had had sexual intercourse during their lifetime.
- Black students (72.7%) and Hispanic students (52.2%) were significantly more likely than white students (43.6%) to have had sexual intercourse. Black students (72.7%) were significantly more likely than Hispanic students (52.2%) to have had sexual intercourse.
- Students in grades 11 (49.7%) and 12 (60.9%) were significantly more likely than students in grade 9 (38.0%) to have had sexual intercourse. Students in grade 12 (60.9%) were significantly more likely than students in grade 10 (42.5%) to have had sexual intercourse.

Initiation of Sexual Intercourse Before Age 13

- 7.2% of students had initiated sexual intercourse before 13 years of age.
- Male students (9.4%) were significantly more likely than female students (4.5%) to have initiated sexual intercourse before 13 years of age.
- Black students (21.7%) were significantly more likely than Hispanic students (7.7%) and white students (4.0%) to have initiated sexual intercourse before 13 years of age. Hispanic students (7.7%) were significantly more likely than white students (4.0%) to have initiated sexual intercourse before 13 years of age.
- Students in grade 9 (10.8%) were significantly more likely than students in grades 11 (6.1%) and 12 (4.7%) to have initiated sexual intercourse before 13 years of age.

Four or More Sex Partners During Lifetime

- 16.0% of students had had sexual intercourse with four or more sex partners during their lifetime.
- Black students (38.5%) were significantly more likely than Hispanic students (15.5%) and white students (11.6%) to have had four or more sex partners.
- Students in grade 12 (20.6%) were significantly more likely than students in grades 9 (12.2%) and 10 (13.8%) to have had four or more sex partners.

Currently Sexually Active

- 34.8% of students had experienced sexual intercourse during the 3 months preceding the survey (i.e., currently sexually active).
- Black students (53.6%) were significantly more likely than Hispanic students (35.4%) and white students (32.0%) to be currently sexually active.
- Students in grade 12 (46.0%) were significantly more likely than students in grades 9 (24.2%) and 10 (29.2%) to be currently sexually active. Students in grade 11 (37.8%) were significantly more likely than students in grade 9 (24.2%) to be currently sexually active.

Currently Abstinent

- Among students who had experienced sexual intercourse during their lifetime, 27.8% of students had been abstinent during the 3 months preceding the survey (i.e., currently abstinent).
- Male students (31.5%) were significantly more likely than female students (23.4%) to report current abstinence.
- Students in grade 9 (35.7%) were significantly more likely than students in grades 11 (23.8%) and 12 (24.5%) to report current abstinence.

Condom Use During Last Sexual Intercourse

- Among currently sexually active students, 56.8% reported that either they or their partner had used a condom during last sexual intercourse.
- Male students (62.5%) were significantly more likely than female students (50.8%) to report condom use.
- Black students (64.0%) were significantly more likely than white students (55.8%) and Hispanic students (48.3%) to report condom use.

Birth Control Pill Use Before Last Sexual Intercourse

- Among currently sexually active students, 16.6% reported that either they or their partner had used birth control pills before last sexual intercourse.
- Female students (20.5%) were significantly more likely than male students (13.0%) to report birth control pill use.
- White students (20.6%) were significantly more likely than black students (11.9%) and Hispanic students (9.5%) to report birth control pill use.
- Students in grade 12 (24.0%) were significantly more likely than students in grades 9 (7.8%) and 10 (12.0%) to report birth control pill use. Students in grade 11 (15.6%) were significantly more likely than students in grade 9 (7.8%) to report birth control pill use.

Alcohol or Drug Use at Last Sexual Intercourse

- Among students who were currently sexually active, 24.7% had used alcohol or drugs at last sexual intercourse.
- Male students (30.5%) were significantly more likely than female students (18.5%) to have used alcohol or drugs at last sexual intercourse.
- White students (26.0%) were significantly more likely than black students (18.1%) to have used alcohol or drugs at last sexual intercourse.

Pregnancy

- 6.5% of students reported that they had been pregnant or had gotten someone else pregnant.
- Female students (8.5%) were significantly more likely to have been pregnant than male students (4.7%) were to have gotten someone else pregnant.
- Black students (14.9%) were significantly more likely than Hispanic students (7.1%) and white students (4.5%) to have been pregnant or to have gotten someone else pregnant.
- Students in grade 12 (8.4%) were significantly more likely than students in grade 9 (4.2%) to have been pregnant or to have gotten someone else pregnant.

Taught About HIV/AIDS

- 91.5% of students had been taught about HIV/AIDS in school.
- White students (93.3%) were significantly more likely than black students (89.7%) and Hispanic students (85.9%) to have received HIV education in school.

Talked About HIV/AIDS

- 62.8% of students had talked about HIV/AIDS with parents or other adult family members.
- Female students (67.4%) were significantly more likely than male students (59.1%) to have talked about HIV/AIDS with parents or other adult family members.
- Black students (72.7%) were significantly more likely than white students (62.0%) and Hispanic students (60.5%) to have talked about HIV/AIDS with parents or other adult family members.

This information should guide Oklahoma policy makers and voters who influence policy makers that prevention of teen births will require more than a moral approach of “don’t do it”. If this is all it tookthan we wouldn’t have car accidents.

The following analysis, examines the teen births in Tulsa in comparison to Oklahoma. Implications, study questions and recommendations based on birth information follows. It goes without saying...these recommendations are based on the picture of a teen birth...not adequate information regarding teen pregnancy or sexual behaviors.

Jan Figart, MS, RN
Senior Planner Maternal and Child Health
Community Service Council of Greater Tulsa, Inc.

Teen Birth Data Implications for Tulsa County, Oklahoma

1. The number of teen births has decreased. Percentage of teen births as part of the total resident births has increased.
2. Teen births with second order or higher births have birth intervals of 2 years or less at a greater rate than the non-teen mother.
3. Teen births in which the mother is unwed is going up.
4. The younger the teen mother, the greater the incidence of low birth weight. African-American teen mothers have disproportionately higher incidence of low birth weight.
5. African-American teen mothers have higher incidence of preterm deliveries.
6. Teen mothers have greater incidences of excessive weight gain in comparison to the non-teen mothers. This weight gain may be necessary for adequate nutrition due to developmental needs of the teen mother.
7. Age difference between the teen mother and reported father of the baby varies in comparison to the non-teen mother.
8. Teen mothers under 18 indicate that 20% of the pregnancies were intended and 27.3% for 18 and 19 years olds.
9. Teen mothers reporting contraceptive activities at the time of conception indicate a failure rate of 27.74% for teens less than 18 years old and 29.75% for 18-19 years old which is greater than the non-teen mother.
10. Birth certificate wording regarding smoking and alcohol use is not structured adequately to generate consistent reporting by the reportee.
11. Teen mothers report later entry into prenatal care than women over age 20 report.
12. Teen mothers have a higher infant mortality rate than non-teen mothers.
13. The teen birth rate does not adequately reflect the teen sexual behaviors and teen pregnancy rates.

Teen Birth Data Study Questions for Tulsa County, Oklahoma

1. What are the teen sexual behaviors and risks for Tulsa and Oklahoma?
2. What are the formative factors which result in teen pregnancy?
3. Who is the profile of the father of a teen mother?
4. What role does abstinence play as a method of contraception when describing type of contraception?
5. What is the method of choice for teens who have used abstinence as their only option?
6. What are the implication for teen mothers with weight gain during pregnancy? On low birth weight? On preterm delivery? On complications of pregnancy?
7. What are the factors in late entry into prenatal care for teen mothers?
8. What are the factors in multiple births for teen mothers?

Teen Birth Data Recommendations for Tulsa County, Oklahoma

1. The Tulsa Infant Mortality Review should conduct an analysis of factors leading to infant mortality in teen mothers.
2. Focus groups should be conducted to examine the profile of the father of the baby of a teen mother.
3. Focus groups should be conducted to examine the implications of abstinence only education in teen sexuality, teen pregnancy and teen birth.
4. The Youth Risk Behavior Survey should be conducted in high schools to assess the teen development and risk behaviors. Results of the survey should be analyzed per school district and county to create targeted programs for teens to reduce risk behaviors including early teen sexual activity, smoking, drug use and violence.
5. Social marketing targeted to pregnant teens should be formulated which would promote early entry into prenatal care and responsible parenting.