

# Teen Pregnancy and Childbearing in West Virginia

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**Report by WV FREE**

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## Summary and Introduction

When young people are in control of their sexual lives, they are more likely to be in control throughout life, make healthy decisions for themselves, and thereby create healthier families and communities. After declining steadily both nationally and in West Virginia between 1999 and 2005, the teen pregnancy and birth rates have increased in West Virginia. In order to address these increases, it's important to advance evidence-based 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 supports that young people have a right to "balanced, accurate, and realistic sex education, as well as confidential and affordable health services," deserve respect and to be seen as "part of the solution."<sup>1</sup>

Teen childbearing often poses real challenges to a young person's ability to stay in school and earn a living wage; places burdens on the parents of the teen mother and father; and 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 costs 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.**

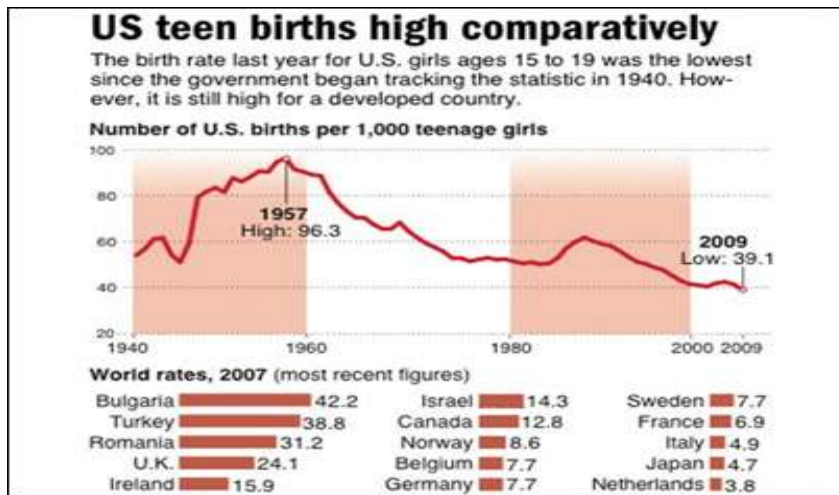
*When young people are in control of their sexual lives, they are more likely to be in control throughout life, make healthy decisions, and thereby create healthier families and communities.*

The authors of this paper believe that when addressing teen pregnancy, it is imperative to look at an adolescent's life in full. We support the National Latina Institute for Reproductive Health reproductive justice approach that says, "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."<sup>2</sup>

## I. Key Findings and Observations

### *National teen birth levels*

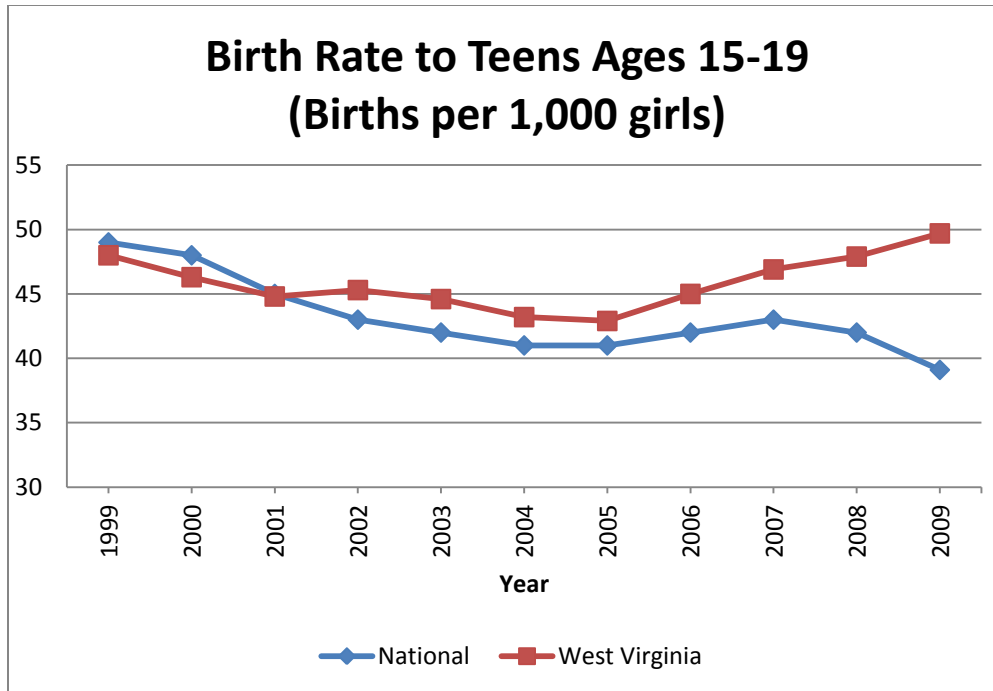
The most recent data from the U.S. Centers for Disease Control and Prevention (CDC) shows that the teenage birth rate declined 8 percent in the United States from 2007 through 2009, reaching a historic low of 39.1 births per 1,000 teens ages 15–19. While the U.S. birth rate to teenagers decreased 37 percent from 1991 through 2009, teens in the United States have more births than teens in any other industrialized country. Data from the World Bank in 2009 indicates that the Netherlands has a teen birth rate of 3.8 per 1,000 teenage girls versus the United States birth rate of 39.1 per 1,000 teenage girls.



Source: World Bank International Development Data 2009

### *Comparison of national and West Virginia teen birth levels*

Between 2007 and 2009, 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, however the rate has been steadily on the rise since then, when in 2009, the rate was 49.7 per 1,000 teenagers.



**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.<sup>3</sup>

*National teen pregnancy, abortion, and infant mortality rates*

- In 2005 the U.S teen pregnancy rate decreased to 69.5 pregnancies per 1,000 women under 20, a 41 percent decrease from the 1990 rate of 116.9. In 2006, the pregnancy rate rose to 71.5 pregnancies per 1,000 women aged 15-19.
- The abortion rate was 19.3 abortions per 1,000 women under 20 in 2006, which is 56 percent lower than its peak in 1988.
- 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.<sup>4</sup>

*West Virginia teen pregnancy, abortion, and infant mortality rates*

- In 2005 the teen pregnancy rate was estimated to be 62 per 1,000 women aged 15-19 in West Virginia and 70 nationally.<sup>5</sup>
- The abortion rate was estimated to be 9 abortions per 1,000 pregnant teens ages 15-19 in 2005, which roughly 50 percent lower than the national rate of 19 amongst the same age group.<sup>6</sup>

- While the national data from 2007 indicates that the infant mortality rate for teens giving birth was 9.8 infant deaths per 1,000 pregnancies to women under 20, that rate was 13.9 in West Virginia.<sup>7</sup>
- 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 2000 the rate was 7.3 abortions per 1,000 women ages 15-19 and then in 2007 the rate dropped to 4.5.<sup>8</sup>

#### *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 1.8 million people, an estimated 234,000 (13 percent) are between the ages of 10 and 19. The majority of youth in West Virginia are Caucasian, with an estimated 212,809 (90 percent) white youth residents, 9,508 (4 percent) African American youth residents, 3,877 (1.6 percent) Hispanic or Latino youth residents, 1,107 (>1 percent) Asian youth residents, 171 (0.07 percent) Pacific Islander youth residents, 504 (0.2 percent) youth residents identified as "other" and 5,718 (2.4 percent) youth residents identifying as two or more races.<sup>9</sup>
- 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 teens vs. 46.1 births per 1,000 white teens.<sup>10</sup> In 2009 this general pattern changed, when the rate was 46.5 among African American teen girls and 50.6 among white teen girls.<sup>11</sup>
- The teen birth rate amongst Latinas ages 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 2007 the rate was 47.8 per 1,000 Latina teens.<sup>12</sup>
- In 2009 the average rate among the counties with the lowest rates of teen birth (Brooke, Monongalia, Pleasants, Putnam, and Tucker) was 25 per 1,000 teens aged 15-19 and the five counties with the highest rates (Calhoun, Clay, McDowell, Mingo, and Tyler) had a combined average rate of 93.3 births per 1,000 teens ages 15-19.<sup>13</sup>

## **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. Presently, more than one-third of teens are sexually active, with less than two-thirds of them reporting using a condom the last time they had sex, indicating a 2 percent increase of sexual activity between 2005 and 2007 and a 2 percent decrease of condom use during the same time period.<sup>14</sup> 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 2009. This survey of high school students found that West Virginia has a higher rate of teen sexual activity than the national average-54 percent vs. 46 percent.<sup>15</sup> Reported condom use 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.<sup>16</sup> 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.<sup>17</sup>

#### **IV. Sexuality Education in West Virginia**

West Virginia's legislative code requires that public schools teach health education for grades 6 through 12, which must include some form of sexuality education as it relates to HIV/AIDS, other STDs, and substance abuse. Abstinence-based comprehensive sex education including contraception is primarily stressed from the West Virginia State Board of Education rule known as the 21<sup>st</sup> Century Health Content Standards and Objectives (Policy 2520.5).<sup>18</sup> According to the Board of Education's Health Content Standards and Objectives (CSOs) for West Virginia Schools (2520.5), effective July 1, 2008, "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)."<sup>19</sup> 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)."<sup>20</sup>

The details to the lessons and materials taught are locally controlled and vary from school-to-school in the state of West Virginia. However there is no mandate for sexuality education.<sup>21</sup> The Board of Education policies include a comprehensive approach to sexuality education, however implementation is not necessarily comprehensive. For example, the hours spent on sexuality education vary from school to school and it is anecdotally reported that the teachers' comfort level educating on sexuality education curriculum varies widely. Data from the Health Education Assessment Program (HEAP), a standardized health education assessment that measure student health knowledge and program effectiveness, indicates that on average from 2002-2010, high school students had 75% 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.<sup>22</sup>

In order to better understand the way sexuality education is administered in West Virginia, it is instructive to look at the textbook adoption process, which happens every seven years. The textbook should be understood as the delivery of the curriculum. A state-level advisory committee creates an approved list of textbooks that meet at least 80 percent of the 21<sup>st</sup> Century Health CSOs. At that point, individual county committees choose a textbook to use from this approved list.<sup>23</sup>

**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		
<p><b>Teen Pregnancy Prevention Program</b> run by Office of Adolescent Health</p>	<p><b>Personal Responsibility Education</b> run by Administration on Children, Youth and Families</p>	<p><b>Title V Abstinence-Only Program</b> run by Administration on Children, Youth and Families</p>
\$105 million	\$75 million	\$50 million
<ul style="list-style-type: none"> <li>• Tier 1: \$75 million to public and private entities to replicate proven programs</li> <li>• Tier 2: \$25 million to public and private entities to create innovative strategies</li> <li>• \$5 million for program support and evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• \$55.25 million to states for proven programs</li> <li>• \$10 million for competitive grants to public and private entities to develop innovative strategies</li> <li>• \$9.5 million for program support, evaluation and Indian tribes or tribal organizations</li> </ul>	<ul style="list-style-type: none"> <li>• \$50 million to states for Abstinence Education Grants</li> </ul>

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).<sup>24</sup> 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 6<sup>th</sup> through 10<sup>th</sup> grades. The goal of their project is to reduce the teen pregnancy rate in the three counties to be served.<sup>25</sup> Mission West Virginia, Inc. uses *Becoming a Responsible Teen (BART) and Reducing the Risk (RTR)* in order to serve predominantly Caucasian (92%) 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-term goals are to reduce teen pregnancy and sexually transmitted infections among teens in West Virginia.<sup>26</sup> 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 2010, West Virginia Department of Health and Human Resources (DHHR) was awarded \$276,094 in PREP funding and \$313,767 in Title V abstinence-only funding.<sup>27</sup> 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 the old 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.<sup>28</sup>

State-based groups that are using evidence-based programs to conduct outreach to at-risk youth are All-Aid International Inc., Kanawha Institute for Social Research & Action, Mountain Heart Community Services, Inc., and Wellness Council of West Virginia. The curricula being used by these various groups include *Sistering, Informing, Healing, Loving, and Empowering (SIHLE)*, *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.<sup>29</sup>

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). APPI meets quarterly to determine ways to maximize effect and avoid duplication of services within teen pregnancy prevention efforts. 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.<sup>30</sup>

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 educator and WV FREE. This program educates youth on healthy relationships and pregnancy prevention, gauges student opinion, and encourages dialogue. 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 video production, posters in the school, and using the morning announcements to spread awareness and information. Topics include healthy vs. 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.<sup>31</sup>

The West Virginia Department of Health and Human Resources Family Planning Program, despite limited funding, has been nationally ranked sixth in service availability. Services are available confidentially at low or no cost at 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 the federal poverty level is eligible to receive services. No one is denied services because of inability to pay and because income is self-reported, adolescents need only say that they require confidential services in order to be counted as a family of one with zero income.

A combination of funds from the U.S. Department of Health and Human Services, Title X, Medicaid, Temporary Assistance for Needy Families (TANF), Office of Population Affairs 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

In order to increase information dissemination and privacy, the Family Planning Program has added a feature to their website that advertises the fact that anyone can text the word “think” to 20731 and then receive a message to submit their question and then receive an answer. To increase accessibility, there is a number to text and enter a zip code that will help locate the closest clinic. Also, they plan to utilize Facebook in order to increase awareness. Recently a Family Planning Program specialist was put in charge of male outreach in order to develop awareness and education for young males.

In an effort to offer teen-friendly services, the Milan Puskar Health Right in Morgantown has a “Teen Clinic Tuesday” from 3pm-5pm.<sup>32</sup>

## **VII. Health Risks of Teen Pregnancy**

Due to a combination of factors including lower readiness to be a mother 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 women 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.<sup>33</sup> Babies of women who smoke during pregnancy are at increased risk for premature birth, low birth-weight and sudden infant death syndrome (SIDS).<sup>34</sup>

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.<sup>35</sup> 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.<sup>36</sup> Low birth-weight babies are forty times more likely to die in infancy than normal weight babies.<sup>37</sup>

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.<sup>38</sup>

Infant mortality rates are also higher amongst women under age 20. Between 2004 and 2006, the average rate of infant mortality among women ages 20-29 was 7.5 per 1,000 live births compared to a rate of 9.9 among women under 20.<sup>39</sup>

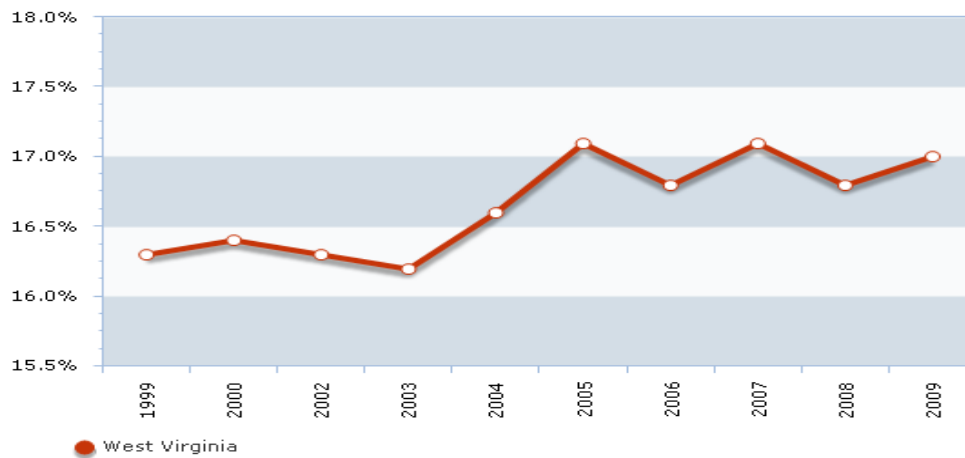
### **VIII. Social and Fiscal Costs of Teen Pregnancy and Childbearing**

Teen pregnancy and childbearing has complex consequences for communities in West Virginia and results in higher incidences of the following social issues.<sup>40</sup>

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

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.<sup>41</sup> As illustrated in the chart on page 11, 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.<sup>42</sup>

## High School Dropouts (Percent) – 1999 to 2009



### Percent High School Dropouts (Percent) – 1999 to 2009

West Virginia KIDS COUNT Fund  
KIDS COUNT Data Center, [www.kidscount.org/datacenter](http://www.kidscount.org/datacenter)  
A Project of the Annie E. Casey Foundation

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 11 babies, due to square footage licensing requirements to qualify as a day-care center.<sup>43</sup>

Teen mothers are also more likely to have subsequent births during their adolescence. Of the 2,450 teen births in West Virginia in 2005, 450 births (20 percent) were to girls age 15-19 who already had a child.<sup>44</sup>

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 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.<sup>45</sup>

## **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 unplanned 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.<sup>46</sup> According to the West Virginia Pregnancy Risk Assessment Monitoring System, 64 percent of the teen pregnancies in West Virginia were unintended.<sup>47</sup>

*The Guttmacher Institute estimates that for every dollar invested in family planning, \$3.74 tax dollars are saved. Funding family planning saved the U.S. \$7 billion in 2006 alone.*

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.<sup>48</sup>

## **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 evenings and Saturday hours, making it prohibitive for teens and for those who work during normal business hours to access services. Only 17 of the 157 clinics offer family planning services on Saturday, while only 47 have evening hours (after 5pm).

### **▪ 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<sup>®</sup> and Next Choice<sup>®</sup>, dedicated EC

products, are available over-the-counter for women 17 and over. Young women 16 and under still need a prescription to get these products and must visit a doctor or clinic to obtain it. (Additionally, the recently FDA-approved ella® is only available by prescription.)<sup>49</sup>

The cost of EC is also very prohibitive with the average price for one packet of Plan B® at pharmacies is \$43.<sup>50</sup>

- **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.<sup>51</sup> 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 that 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.<sup>52</sup>

- **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.<sup>53</sup> 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 2008-2009, 24 percent of women ages 15 to 44 in West Virginia had no health insurance.<sup>54</sup>

#### ▪ **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 covers 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.<sup>55</sup>

#### ▪ **Inadequate Insurance Coverage for Teens**

While all teens can access family planning services through Medicaid or Children’s Health Insurance Program (CHIP), they are often not covered under their parents’ insurance plan. While the Public Employees Insurance Agency (PEIA) provides prescription coverage for dependent minors generally, it exempts prescriptions for contraceptives and also exempts prenatal care for dependent daughters who get pregnant.

### **XI. 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 a 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 while supporting adolescent vaccination requirements including HPV.
- 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 Tuesday” in order make services more teen-friendly.

- Support existing school-based health centers that include family planning services and expand these centers into more schools.
- Monitor implementation of the Affordable Care Act (also known as health reform) to ensure birth control and prenatal care availability and affordability in health exchanges.
- 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 17 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.
- 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 sexuality health, good decision-making, and minimization of risky behaviors.



### **Support Teen Mothers and Fathers**

- Support Child Development Centers in schools to help teen parents graduate and pursue a productive future.
- Engage in provider training to conduct outreach to teens who 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.
- Assess parental attitudes toward sex education to build support for comprehensive and effective curriculum.

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**WV FREE (West Virginia Focus: Reproductive Education and Equality)**

**[www.wvfree.org](http://www.wvfree.org)**



**West Virginia Perinatal Partnership**

**[www.wvperinatal.org](http://www.wvperinatal.org)**

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