

Journal of Applied Research on Children: Informing Policy for Children at Risk

Volume 1
Issue 1 *Latino Children*

Article 5

2010

Latino Teen Pregnancy in Texas: Prevalence, Prevention, and Policy

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Recommended Citation

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Tortolero, Susan R., Hernandez, Belinda F., Cuccaro, Paula M., Peskin, Melissa F., Markham, Christine M., and Shegog, Ross (2010) "Latino Teen Pregnancy in Texas: Prevalence, Prevention, and Policy," *Journal of Applied Research on Children: Informing Policy for Children at Risk*. Vol. 1: Iss. 1, Article 5.

DOI: <https://doi.org/10.58464/2155-5834.1010>

Available at: <https://digitalcommons.library.tmc.edu/childrenatrisk/vol1/iss1/5>

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Acknowledgements

Belinda F. Hernandez is a recipient of an Association of Schools of Public Health/Centers for Disease Control/Prevention Research Center Minority Public Health Fellowship. The content is solely the responsibility of the authors and does not necessarily represent the official views of the Association of Schools of Public Health, Centers for Disease Control, or the Prevention Research Centers.

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Introduction

Latinos (defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race) are the largest minority group in the United States, with almost half living in Texas or California. Texas is home to approximately 9 million Latinos comprising 37% of the population.¹ In the U.S., the Latino population is growing at twice the rate of the total population, and estimates indicate that by 2025 one in two teens living in Texas will be Latino.^{2, 3} More than one-third of Texas Latinos are 18 years or younger, and half are under the age of 26.

Compared to other youth, Latino youth are more likely to experience high levels of poverty (32%)⁴, high dropout rates⁵, high unemployment rates⁶, and low rates of health insurance.⁷ Additional challenges that Texas Latinos face include negative reproductive health outcomes, such as teen pregnancy and sexually transmitted infections (STIs), which disproportionately impact the health of Latino teens in Texas. Given that high rates of teen pregnancy fuel high rates of poverty, school dropout, and unemployment⁸, it is vital that we understand the factors that contribute to this health burden and potential solutions. By tackling teen pregnancy, we can positively impact the future and well-being of not only Latinos, but of all Texans, and subsequently can contribute to the social and economic success of Texas. This paper describes the current status of teen pregnancy, STIs, sexual behaviors, and contraceptive use among Latino youth in Texas. Potential statewide solutions to impact the teen pregnancy rate among this growing group in Texas are discussed.

Teen Pregnancies and Births

Pregnancy is a serious public health issue for young people living in Texas, which has the 4th highest teen pregnancy rate in the nation (in women aged 15-19, the pregnancy rate in Texas is 88 per 1000 vs. 70 per 1000 in the U.S.).⁹ In 2005, more than 73,000 girls aged 15-19 years got pregnant in Texas, and 58% (42,000) were Latina teens.⁹ More than half of all Latina girls experience a pregnancy before they turn twenty years of age.¹⁰ It is projected that by 2015 the Texas teen pregnancy rate will increase by 13%, resulting in a projected teen pregnancy rate of 127 per 1000 Texas women aged 15-19 years.¹¹ This increase is primarily due to the changing demographics and projected growth in the number of Latino adolescents in Texas.

There are over 53,000 teen births in Texas every year, accounting for 12% of all teen births in the U.S.¹² The Texas teen birth rate is the third highest in the U.S. (63.1 per 1000 Texas women aged 15-19 vs. 43 per 1000 U.S. women aged 15-19), and it is the second highest when examining school-aged females (15-17 years). Texas has the highest

repeat teen birth rate in the U.S.: 23% in Texas vs. 19% in the U.S.¹³ The statistics among Latino girls in Texas are even more startling: 98 per 1000 Latino girls aged 15-19 are giving birth and one in four are repeat births. This translates to over 32,000 births each year among Latina teens in Texas, over 8,000 of which are to Latina teens who already have at least one child.¹⁴

While birth rates have declined over the past 15 years between 1990 and 2006, the overall Texas teen birth rate declined at a slower pace than the U.S. teen birth rate (-20% vs. -32%). This slower decline is especially pronounced among Latina teens living in Texas compared to U.S. Latina teens (-6% vs. -17%).

Since half of all Latinos in the U.S. live in California and Texas¹⁵ with about a third of the population in each of these states being of Latino origin, it is helpful to compare Texas' and California's teen birth rates. In 2000, the Latina teen birth rate in both Texas and California was 103 per 1000 Latina females aged 15-19; however, 2006 data indicate that the teen birth rate for California Latinas dramatically decreased by 30% to 68 per 1000 Latina teens, while the teen birth rate for Texas Latinas has decreased only 4% to 98 per 1000 Latina teens. These data indicate that factors beyond population proportions affect teen birth rates.¹⁶

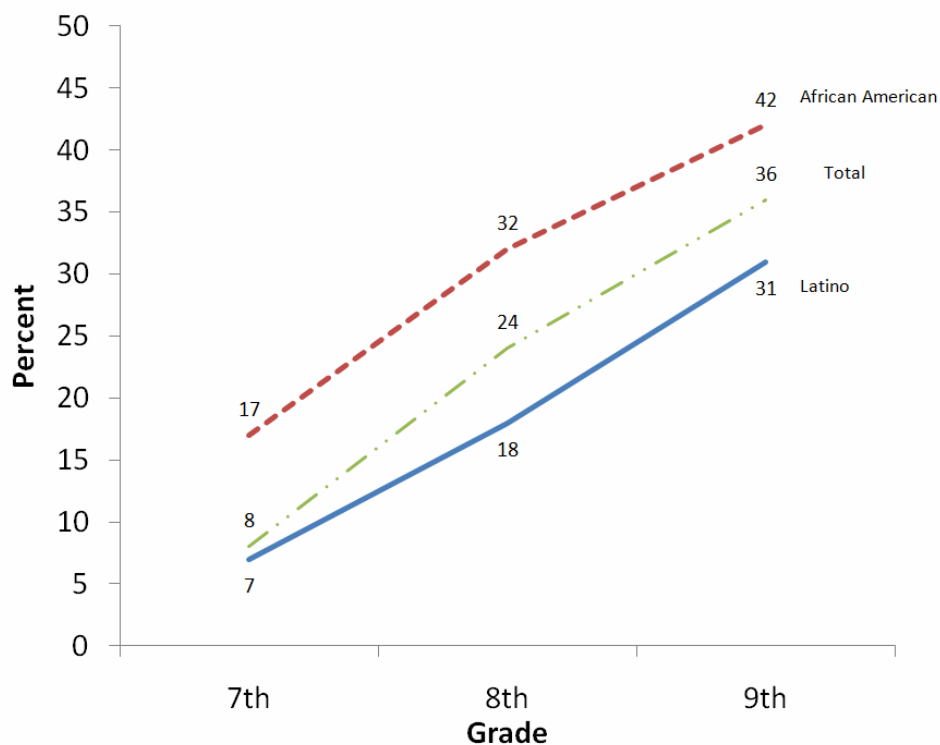
The estimated annual direct medical costs of all teen births in Texas were almost \$159 million. Direct medical costs per year among Texas Latina teens totaled almost \$98 million. The estimated total costs for Latina births including public sector health care, child welfare costs, costs of incarceration, and lost revenue due to lower taxes paid by the children of teen mothers over their lifetimes as a result of decreased education and earnings was well over \$638 million.¹⁷ These costs are largely paid by taxpayers.¹⁸ If Texas could decrease its Latina teen birth rate to that of California (68 per 1000 Latina teens), there would be almost 10,000 fewer Latina teen births each year, resulting in annual savings of over \$29 million. These costs are likely to be understated because it is assumed that medical costs of unintended pregnancies are no greater than the average costs of all births. An Institute of Medicine report concludes that the costs of an unwanted pregnancy are greater because the mother is less likely to seek prenatal care, more likely to expose the fetus to harmful substances by smoking and using alcohol, and the child is at greater risk of being low birth weight, dying in the first year, being abused, and of not receiving sufficient resources for healthy development.¹⁹

Sexual Behavior

Texas teens are becoming sexually active at an early age, with as many as 14% of 7th grade students reporting ever having sex.^{20, 21} In a study conducted by Tortolero and colleagues among a large sample of urban

middle school youth, 7% of Latino students reported having had sex by 7th grade (unpublished data, 2010). The proportion of Latino students engaging in sex more than doubled by 8th grade and quadrupled by 9th grade. When ethnic differences in the initiation of sex were examined (See Figure 1), however, Latino students were less likely to report initiating sex than black students. In that study, Latino students had greater intentions to abstain from sex until after high school and greater intentions to abstain from sex until marriage than black students. However, Latino students had lower knowledge about STIs and HIV and lower self-efficacy to use a condom than black students (unpublished data, 2010).

Figure 1. Initiation of Sexual Activity in Middle School by Grade

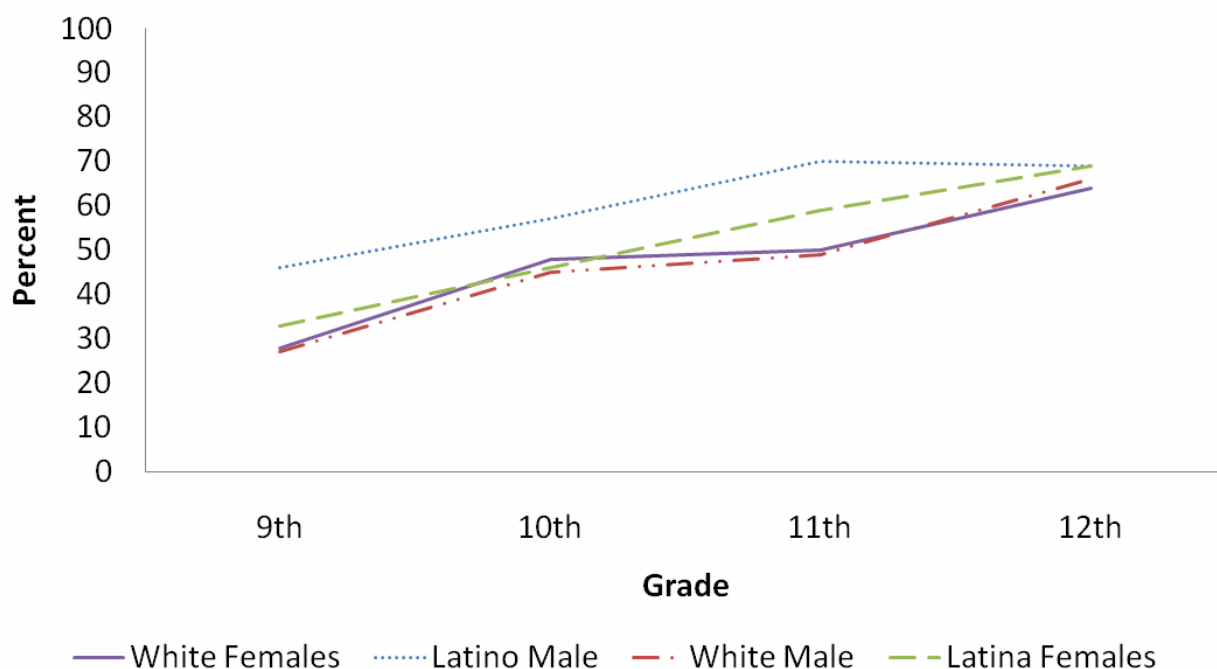


The 2009 Youth Risk Behavior Surveillance System (YRBS) data for high school students in Texas show that Latino students (54%) were less likely to report ever having had sexual intercourse compared to black students (63%), but were more likely to report ever having sex than white students (45%).²² Among Latino students, over one-third (39%) of 9th grade students, half (52%) of 10th grade students, two-thirds (65%) of 11th grade students, and 69% of high school seniors report initiating sex.

Figure 2 displays the proportion of high school students initiating sex by grade for white and Latino students. The difference between Latino and white high school students is particularly pronounced among males: 58% vs. 45%, respectively; however by 12th grade, differences in initiation of sex between Latino and white students is not significantly different (69% vs. 65%) and is still lower than black students (77%). According to the YRBS, an estimated 15% of Texas Latino high school students report having sex with four or more partners in their lifetime, and 40% of Texas Latino high school students report being sexually active in the last three months.²²

In summary, Latino teens are at greater risk of pregnancy than other teens even when fewer Latino teens are sexually experienced and they have greater intentions to wait until marriage to become sexually active. Most teens become sexually experienced while they are of school age, which translates to an estimated 622,015 sexually experienced students attending Texas public schools, an estimated 414,583 of which are Latino. Of these Latino youth, 237,466 report being currently sexually active, and 89,000 report having four or more sexual partners in their lifetime.^{22, 23} These numbers are alarming and point to the need to understand why Texas is doing so poorly while other states such as California have been so successful in implementing programs and policies that work.

Figure 2. Initiation of Sexual Activity in High School by Grade



Contraception

Rising rates of unintended pregnancies and STIs also suggest that sexually experienced youth do not protect themselves with effective methods of contraception. In Texas only 58% of sexually active teens reported using a condom during their last sexual encounter, and only 20% of females reported using an effective method of birth control (oral contraceptive pill or Depo Provera injectable contraceptive) compared to 27% of U.S. female teens.²² Latino students are less likely to use birth control or condoms than their white and black peers. For example, a 1995 study reported that almost half of Latina teens did not use any type of birth control the first time they had sex, compared to 29% of all teens.²⁴ Further, according to the 2009 YRBS, only 64% of Texas Latino high school students reported using a condom, and 11% reported using birth control pills or Depo Provera during their last sexual encounter.²² Studies show that generational and language status are associated with less frequent contraceptive use among Latino teens. For example, first or second generation Latino teens are less likely to consistently use contraception than third generation teens, and Latino teens interviewed in Spanish and those who speak Spanish at home are less likely to use contraception the first time they have sex than Latino teens who speak only English at home.²⁵

Impact

Latino teens are twice as likely as black teens and four times as likely as white teens to drop out of high school; teen pregnancy is cited as a major reason for school dropout. In a national study, almost 40% of dropouts either had a child or were expecting one. This was the case for 54% of females and 26% of males.²⁶ Over half (54%) of Latina teen mothers do not complete high school, compared to 34% of all teen mothers.²⁷ One study reported that of all Latina teens who drop out of high school between sophomore and senior year, 36% cite being pregnant or becoming a mother as a reason for dropping out.²⁸

Teen mothers are more likely to live in poverty, to come from poor or low-income families, and to depend on welfare. According to the National Campaign to Prevent Teen and Unplanned Pregnancy, over 80% of teen mothers receive welfare during the 10 years following the birth of their first child, and 44% of them for a period of more than 5 years.²⁴

The consequences for the child of the teen mother include poverty, welfare dependence, school failure, drop out, increased risk of abuse, time spent in the foster care system, being unemployed, and if female, becoming a teen mother herself. Children of teenage mothers are also at greater risk for low birth weight, premature birth, lack of father

involvement, receiving insufficient health care, incarceration and mental retardation.²⁹

Prevention

We know what works to prevent teen pregnancy: implementation of evidence-based sexual health education programs in middle and high school; improving access to community and school-based reproductive health services; providing training on adolescent sexual health to teachers, administrators, parents, and school nurses; and providing clear state-wide policies and leadership regarding effective strategies to prevent pregnancies, and to increase parental involvement.^{30, 31}

Implementation of evidence-based sexual health education programs: Research confirms that some sexual health education curricula can delay the initial sexual encounter, reduce the frequency of sex, reduce the number of sexual partners, and increase the use of condoms and contraceptives.²⁹ Implementation of evidence-based sexual health education programming is essential in preventing teen pregnancy. However, Texas is not systematically implementing effective programs and practices, and great disparities exist in who even receives the most basic instruction related to sexual health. A recent report indicated that the vast majority (96%) of Texas students did not receive medically accurate or evidence-based information on responsible pregnancy and disease prevention, and 41% of school districts used sexual health education materials that contained factual errors about condoms and STIs.³²

Texas laws regarding health education and sexual health education are confusing and generally unsupportive of school-based implementation of effective sexual health programs. For example, Texas recently passed a law indicating that health education is no longer a required course for high school students.³³ While the provision of health education in and of itself does not ensure that Texas students are exposed to effective sexual health curricula, the probability that Texas students are exposed to even basic sexual health information will be greatly impacted by this new law.

Prior to Texas law not mandating health education as a required course for high school students, the CDC reported that only 19% of high school students were required to take two or more health education courses. While the majority (82%) of Texas schools taught eight key topics related to pregnancy, HIV, or other STIs in a required course in high school, only 46% taught key topics related to condom use in a required course. Texas teachers are also poorly trained to deliver information on HIV prevention: only 45% of secondary schools reported having a lead health education teacher who received professional development on HIV prevention in the prior two years.³⁴ In a survey of professional staff (e.g., teachers and principals) from a large urban school district in Texas, 93%

of respondents strongly believed that sexual health education should be taught in middle schools; however only half perceived the Texas Education Agency as supportive of teaching sexual health in middle school.³⁵

In Texas, Latino students are less likely than white or black students to receive the most basic sexual health information on HIV and AIDS. One-fourth of Latino high school students reported never learning about HIV in school compared to 11% of white students and 11% of black students. Unfortunately, simply providing information and increasing knowledge is not enough to decrease risky sexual behavior and to impact the teen pregnancy rate. Implementing a program rigorously tested and shown to impact behavior is essential in reducing risky sexual behavior and teen pregnancy.²⁹ An effective pregnancy prevention strategy follows two principles: 1) choosing not to have sex is the surest way to avoid STIs and unintended pregnancies, and 2) if teens are sexually active, young men should use condoms and young women should use hormonal/long-acting reversible birth control every time they have sex.

While few programs have been developed specifically for Latino youth, many programs have been tested and found to be effective in reducing risky sexual behaviors among this population (See Table 1).

- The evaluation of *¡Cúdate!/Take Care of Yourself: The Hispanic Youth Health Promotion Program* found that one year after baseline, youth exposed to *¡Cúdate!* were less likely to report having had sex recently, having multiple sexual partners, having had sex without a condom and more likely to report consistent condom use compared to youth in the control condition.³⁶
- *It's Your Game: Keep It Real (IYG)* was implemented in middle schools and found that over 24 months, Latino students who did *not* receive the intervention were 64% more likely to initiate sex than Latino students who received the *IYG* curriculum.²¹
- *Draw the Line/Respect the Line* was evaluated over a 36-month follow-up period and was found to delay sexual initiation (among boys only) in a sample which was made up of 59% Latinos.³⁷
- *Positive Prevention* was implemented in the 9th grade and was found to delay sexual initiation at the six-month follow-up in a sample of youth that was 60% Latino.³⁸
- *Safer Choices* is a school-based multi-component intervention implemented in high school over two consecutive years. As with *IYG*, *Safer Choices* had its greatest effect on Latino youth.³⁹ At the 31-month follow-up, Latino teens in the program were 43% less likely to have initiated sex when compared to Latino teens in the control group. Additionally, Latinos in the program who

were sexually active were 65% more likely than Latinos in the control group to have used a condom during their last sexual encounter.³⁹

- *Reach for Health Community Youth Service (RFH-CYS)* is a multi-component program that combines service learning with skills-based health instruction in middle school. At the six-month follow-up, *RFH-CYS* was found to delay sexual initiation among a sample of youth that were 16% Latino.⁴⁰
- The *Children's Aid Society-Carrera Program* is a multi-component long term, after school, youth development program implemented with youth aged 13-15 years. Tested in a population that was 39% Latino, the *Carrera* program significantly delayed sexual initiation, increased condom use, and reduced pregnancy and birth rates among females exposed to the program.⁴¹

While Texas has relied on abstinence-only programming upon which there is no evidence of impact on sexual behavior, California's strong sex education policy has been credited as a major factor in the state's success in decreasing teen birth rates. For the last several decades, California has had strong bipartisan commitment to implementing sex education programming that includes information about abstinence, while also providing medically accurate information on other methods of preventing pregnancy and STDs.³⁰ These programs are monitored by the California Department of Education by visiting school districts every four years to interview parents, students, and teachers, and to review classroom instruction.

Access to contraception services: Research indicates that once a teen is sexually active, he or she is not likely to revert to sexual abstinence²⁹ and that access to contraceptive services is critical to preventing teen pregnancy.^{42, 43} Studies show that a sexually active young girl who does not use contraceptives has a 90% chance of becoming pregnant within a year.⁴⁴ In 2008 there were an estimated 1.2 million teen females of reproductive age (13 to 19 years) living in Texas, of which over half a million were Latina.⁴⁵ About half of all teen females, 43% of which are Latina,⁴⁵ are in need of contraceptive services.⁴⁶ An estimated one-third of Latina females aged 13-19 years live below the federal poverty level⁴⁷ and may be in need of public-supported contraceptive services. In 2006 the 426 publicly-funded family planning centers provided services to 100,200 teenagers of all racial and ethnic backgrounds.⁴⁸ Guttmacher reports that in 2008, family planning clinics in Texas served 32% of all women (ages 13-44) in need of publicly-supported contraceptive services. In Texas, 158 family planning centers received some support through the

Federal Title X family planning program and provided contraceptives to 47,100 teenagers in 2006. Publicly-funded family planning services can help teens avoid pregnancy that could result in unintended births and abortions. The data indicate that for every dollar spent providing contraceptive care, \$3.74 in public funds are saved.⁴⁶

Texas has some of the most restrictive policies regarding teen access to contraceptive services. While 21 states and the District of Columbia explicitly allow minors to consent for contraceptive services, Texas requires parental consent for contraceptive services in state-funded family planning programs.⁴⁹ While some policymakers are opposed to increasing teen access to contraceptives, one study found positive effects of teen-friendly family planning policies in reducing teen birth rates; specifically, Medicaid Family Planning was shown to be effective in reducing teen birth rates among all racial and ethnic groups.¹⁶ The majority (90%) of family planning clinics counsel clients younger than 18 about abstinence and the importance of talking to parents about sex.^{16, 50} Laws limiting teen access to family planning services fail to reduce sexual activity and increase the risk of unintended pregnancy.^{16, 51} Improving access to culturally-appropriate, youth-friendly reproductive health services and increasing support for comprehensive coverage of contraceptive products are cost-effective steps to reduce the personal and social burden of Latina teen pregnancies.

Parental involvement: Parental involvement and training are additional strategies that may impact the teen pregnancy rate among Latinas in Texas. Parents play an important role in the lives of Latino youth; however, many have limited resources, knowledge, and skills necessary to address sexual health for their teens.⁵² Studies have shown that relationships with engaged and communicative parents help some Latinas delay pregnancy. Research shows that over 90% of parents support implementation of sex education programs in schools and that the curriculum should include information about contraception.⁵³ Parents often are unprepared and lack the knowledge and skills to discuss human sexuality with their teen, but want to do a better job of informing their children.⁵²

Conclusion

Texas is home to over one million Latino teens, and estimates indicate that by 2025 one in two teens living in Texas will be Latino.^{2,3} Texas Latinos face enormous negative reproductive health outcomes, such as teen pregnancy and STIs, which disproportionately impact the health of Latino teens in Texas and place them at risk of continued high rates of poverty, school dropout, and unemployment⁸ unless Texas makes a concerted effort to reduce its teen pregnancy rate. There are over 53,000

teen births in Texas every year, accounting for 12% of all teen births in the U.S.¹² The birth rate among Latina girls is astonishing: 98 per 1000 Latinas (aged 15-19 years) are giving birth. This translates to over 32,000 births each year among Latina teens, costing almost \$98 million in direct medical expenditures and well over \$638 million if other costs are included, such as public sector health care, child welfare costs, costs of incarceration, and lost revenue due to lower taxes paid by the children of teen mothers over their lifetimes as a result of decreased education and earnings.¹⁷

Most teens become sexually experienced while they are of school age, which translates to an estimated 622,015 sexually experienced students attending Texas public schools, an estimated 414,583 of which are Latino. Of these Latino youth, 237,466 report being currently sexually active, and 89,000 report having had four or more sexual partners in their lifetime.^{22, 23}

While causes of teen pregnancy are complex, the solutions to teen pregnancy are known.^{30,31} Texas needs an effective comprehensive approach to address the sexual health needs of Texas Latino youth that includes: statewide implementation and monitoring of evidence-based sex education for middle school and high school students, access to reproductive health services for students who are already sexually active, and widespread training on adolescent sexual health for teachers, service providers, and parents. By tackling teen pregnancy, we can positively impact the future and well-being of not only Latinos, but of all Texans, and subsequently can contribute to the social and economic success of Texas.

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Table 1: Effective pregnancy/HIV/STD programs for Latino youth

Program	Goal of Program	Population Served	Outcomes
Stand Alone Programs			
<i>¡Cuidate!/Take Care of Yourself: The Hispanic Youth Health Promotion Program</i> ³⁶	Reduce risk behaviors for HIV	Latino teens ages 13-18 years, boys and girls	Reduced frequency of sex, number of sexual partners, frequency of unprotected sex, increased consistent condom use
<i>Draw the Line/Respect the Line</i> ³⁷	Delay sexual initiation, reduce sexual activity and increase condom use among youth who are sexually active	Youth in 6 th -8 th grades, boys and girls, 59% were Latino, 17% White, and 16% Asian	Found effective for boys only: Delayed sexual initiation, reduced frequency of sex and number of sexual partners
<i>It's Your Game: Keep It Real (IYG)</i> ²²	Delay sexual initiation, reduce sexual activity and increase condom use among youth who are sexually active	Youth in 7 th -8 th grades, Boys and girls, 44% were Latino, and 42% were African American	Delayed sexual initiation, reduced frequency of sex
<i>Positive Prevention</i> ³⁸	Delay sexual initiation, reduce frequency of sex, increase condom use	Youth in high school, boys and girls, 59% were Latino, 17% were African American, 10% were White, 4% were Asian, and 1% Native American	Delayed sexual initiation
Multi-Component Programs			
<i>Children's Aid Society-Carrera Program</i> ⁴¹	Reduce sexual activity, increase contraceptive use, reduce teen pregnancy, and increase access to health care using a youth development approach	Youth 13-15 years, boys and girls, 60% were African American and 39% were Latino	Found effective for girls only: Delayed sexual initiation, increased contraceptive use, decreased pregnancy rate
<i>Reach for Health Community Youth Service (RFH-CYS)</i> ⁴⁰	Prevent risky sexual behaviors and other detrimental behaviors among at-risk youth through a service learning approach	Youth in 7 th -8 th grades, boys and girls, 16% were Latino, 79% were African American	Delayed sexual initiation, reduced frequency of sex, decreased unprotected sex
<i>Safer Choices</i> ³⁹	Delay sexual initiation and increase condom use among youth sexually experienced	Youth in high school, boys and girls, 28% were Latino, 20% were African American, 30% were White, and 14% were Asian in the intervention condition	Delayed sexual initiation (among Latino youth only), increased condom use, increased contraceptive use, decreased unprotected sex