

Unintended Pregnancy

Problem: Unintended pregnancy increases the risk for poor maternal and infant health outcomes, economic stress and emotional stress among Carver County residents.

Goal: Reduce unintended pregnancy.

An unintended pregnancy is one defined by the mother as being either unwanted or mistimed at the time of conception. About half of all pregnancies in the U.S. are unintended, according to the Alan Guttmacher Institute.¹

The consequences of unintended pregnancy can be serious for the health of the woman and the infant. The Minnesota Department of Health (MDH) reports that women who have unintended pregnancies are less likely to engage in healthy behaviors during the pregnancy, such as early prenatal care, good nutrition and avoidance of alcohol, tobacco and other drugs. Their babies are more likely to be low birth weight and less likely to be breastfed. The parents are less likely to be educationally and vocationally prepared to financially support the child, so there is an increased risk of welfare dependency and poverty. Domestic violence and divorce are more common among couples that have an unintended pregnancy. The children of unintended pregnancies are more likely to be raised by one parent and are more likely to become teen parents themselves.²

The Minnesota Department of Human Services estimates \$108 million a year is spent for delivery and first-year costs associated with publicly funded births resulting from

unintended pregnancies. Millions more is spent each year to provide public assistance to support the children of unintended pregnancies.³ For every dollar spent on family planning services, three dollars is saved in Medicaid costs in the first year of a prevented pregnancy, according to the Minnesota Statewide Association for Family Planning.³

Those considered at risk for unintended pregnancy are sexually active, fertile women who are not intentionally pregnant or trying to get pregnant. Carver County has a significant percent of its population in that category. According to the 2000 Alan Guttmacher Institute data, Carver County has approximately 8,640 women, ages of 13-44, who need contraceptive services and supplies (approximately 50 percent of all women in that age group).⁴ It can be estimated that an equal number of male partners are in need of family planning services for the prevention of unintended pregnancies and the spread of sexually transmitted diseases.

The relatively high number of men and women of childbearing age who reside in Carver County is reflected in the county's high pregnancy, fertility and birth rates. County rates in all three areas are higher than the rates for Minnesota.⁵

Table 10.1 compares pregnancy rates, abortion rates, fertility rates, birth rates and the number of live births for Carver County and Minnesota.⁶ The pregnancy rate is the number of pregnancies per 1,000 women in the population age 15-44. The abortion rate is the number of abortions per 1,000 women in the population age 15-44. The fertility rate is the number of live births per 1,000 women in the population age 15-44. The birth rate is the number of live births per 1,000 population.

Table 10.1: Natality Statistics for Carver County and Minnesota

Carver County Natality Statistics	1991	1993	1995	1997	1999	2000	2001	Minnesota 2001
Pregnancy Rate	87.2	83.0	82.2	80.2	78.0	77.5	81.1	74.0
Abortion Rate	12.2	9.9	8.4	9.5	7.0	6.8	7.9	12.3
Fertility Rate	74.6	72.9	73.8	70.5	71.0	70.5	72.7	61.3
Birth Rate	18.1	17.7	17.3	16.3	16.0	16.2	16.9	13.5
Number of Live Births	891	932	987	1,029	1,086	1,140	1,183	66,620

Source: Minnesota Department of Health, 2002 County Health Tables.

Pregnancy Rate: The number of pregnancies per 1,000 women in the population of age 15 through 44.

Abortion Rate: The number of abortions per 1,000 women in the population of age 15 through 44. The abortion rate includes both therapeutic and spontaneous abortions.

Fertility Rate: The number of live births per 1,000 women in the population of age 15-44 years.

Birth Rate: The number of live births per 1,000 population.

The 2001 pregnancy rate for Carver County (the number of pregnancies per 1,000 women age 15-44) is 81.1, which is higher than the state pregnancy rate of 74.0. The 2001 fertility rate, or the number of live births per 1,000 women ages 15-44, was 72.7 for Carver County compared to 61.3 for the state.⁶

The 2001 birth rate for the county is 16.9, which is higher than the state rate of 13.5. The birth rate for Carver County decreased from 18.1 in 1991 to 16.9 in 2001, but the actual number of births increased from 891 to 1,183 during that time period.⁶

The Alan Guttmacher Institute reports that about half of all unintended pregnancies in the U.S. end in abortion.¹ It is

estimated that 46 percent of pregnancies in Minnesota are unintended and half of those end in abortion, according to the preliminary data from the Behavioral Risk Factor Survey conducted in Minnesota.⁷ The abortion rate in Carver County (the number of induced abortions per 1,000 women in the population of age 15-44) was 7.9 in 2001. That is lower than the state abortion rate of 12.3. There were 13,447 abortions in Minnesota in 2001, and 128 in Carver County.⁶

For the past 10 years, Carver County Community Health Services has received a Family Planning Special Projects grant from the Minnesota Department of Health to help provide services to prevent unintended pregnancies among county residents. CCCHS received notice in December of 2003 that it

will not receive grant funding for family planning programs in 2004 due to budget cuts at the state level. Therefore, CCCHS will be working with other community members to connect clients to other low-cost family planning resources. Minnesota's family planning funds, including those received by Carver County Community Health Services, have never been used to counsel towards or provide abortion services.

The CCCHS Family Planning Program and Maternal and Child Health Program have helped families:

- Avoid unintended pregnancy and abortion
- Take advantage of pre-pregnancy risk identification and management and initiate needed changes in diet, exercise, smoking, drinking and toxic exposure
- Receive services such as counseling, screening and prevention programs that promote emotional, mental and physical health, as well as social responsibility
- Time the additions to their families when their health, financial conditions and personal situation are optimal, and they are prepared to provide the support and care needed to all children to reach their full potential.

Women Most At Risk for Unintended Pregnancy

Within the at-risk for unintended pregnancy population, women living in poverty and women of color have a history of being at a greater risk for unintended pregnancy and poor birth outcomes, according to a Minnesota Department of Health report.⁹

A report by Family Planning Perspectives found that 61 percent of the pregnancies to women living below Federal Poverty Guidelines, and 53 percent of the pregnancies of women living between 100 and 199 percent of poverty, are

unintended.⁹ In Carver County, 3.5 percent of the population lives below 100 percent of poverty, and 12 percent lives below 200 percent of poverty.¹⁰

The Alan Guttmacher Institute estimates that women living below 200 percent of poverty make up 20 percent of the total number of women at risk for unintended pregnancy. The Minnesota Department of Health has used the Alan Guttmacher Institute's 1995 data to estimate there are 1,628 Carver County women who are low income (living at below 200 percent of poverty) and at risk for unintended pregnancy. Included in this group are women who have no insurance or are under-insured in the sense that their insurance policies do not cover the cost of family planning exams and/or contraceptive services and supplies.⁴

Approximately 8.3 percent of women from Carver County who delivered babies in 2001 were women of color; 91.7 percent were white, non-Hispanic/Latino origin, and 4.8 percent were Hispanic.¹⁰ Carver County Community Health Services (CCCHS) is aware of the increasingly diverse county population and the need to provide services that are culturally and linguistically appropriate for those populations. In 2001, 22 percent of the women who received family planning services from CCCHS were non-white and 19 percent were Hispanic.¹¹ The Family Planning Perspectives 1998 report also found that 72 percent of pregnancies to African Americans and 48 percent of pregnancies to Hispanics were unintended.⁹

CCCHS has focused its efforts on providing pre-pregnancy family planning services on the populations most at risk for unintended pregnancies. In 2002, county public health nurses provided home visits through the Maternal Child Health Grant

to 82 women to discuss pregnancy prevention. Education on sexuality and reproductive health topics was provided to 3,674 individuals in 570 group settings. Through the Family Planning Services program, 82 clients received education to prevent unintended pregnancy and a portion of those received low-cost birth control methods.¹¹

Out-of-Wedlock Births

Unmarried women and teen-agers who are within the population of women at-risk for unintended pregnancies face a

greater risk of unintended pregnancies and poor health outcomes related to those pregnancies.

While 31 percent of the pregnancies to married women in the U.S. are unintended, 77 percent of pregnancies to women who have never married are unintended, according to an Alan Guttmacher Institute report.¹¹ Table 10.2 compares the percentage of births to unmarried mothers for Carver County with the percentage for Minnesota.⁶

Table 10.2 2001 Out-of-Wedlock Births Carver County/Minnesota

	Carver County 2001	Minnesota 2001
Out-of Wedlock Births		
Population	70,205	4,919,479
% Births to Unmarried Mothers	11.2	25.8

Source: Minnesota Department of Health, 2002 County Health Tables.

The percentage of births to single, unmarried women in Carver County in 2001 was 11.2 percent, which is less than half of the state's rate of 25.8 percent.⁶ The percent of out-of-wedlock births in Carver County has decreased in the past few years.

Carver County Community Health Services monitors trends since unintended pregnancies and out-of-wedlock births to low-income women can increase the health risks for the mothers and infants. Unmarried women who are low income are less likely to have access to contraceptives and are less likely to receive adequate prenatal care because do not to have health insurance or are under-insured.

Teen Pregnancy and Births

It is estimated that in Minnesota, 83 percent of the pregnancies for 15-17 year olds and 78 percent of the pregnancies for 18-19 year olds were unintended, according to the Allan Guttmacher Institute data.¹²

Since teen-agers are still growing physically, cognitively and emotionally, they are often unable to meet the many needs of their infants and are less able to support them financially. According to a Minnesota Department of Human Services, 80 percent of teen mothers receive government assistance some

time during the 10 years following the birth of their first child. A 2002 report by the Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting (MOAPPP) found that, as of December 2001, 44 percent of all Carver County families receiving Minnesota Family Investment Program (MFIP) began with a teen giving birth.¹³

Table 10.3 compares the teen birth rates and teen pregnancy rates for Carver County teens in three age groups (15-17, 18-

19, and 15-19) with Minnesota teens in those age groups over time periods from 1993 to 2001.⁶

Teen pregnancy rates are based on the number of pregnancies to a specific age group per 1,000 female population of that age group. Teen birth rates are based on the number of live births to a specific age group per 1,000 female population of that age group. The table also gives the state's Healthy Minnesotans 2004 Goal and the national Healthy People 2010 Goal for reducing teen pregnancies.^{6, 14, 15}

Table 10.3: Teen Birth and Pregnancy Rates Carver County/Minnesota

Teen Birth & Pregnancy Rates	1993-1995		1995-1997		1997-1999		1999-2001		Healthy Minnesotans 2004 Goals	Healthy People 2010 Goals
	Carver County	MN	Carver County	MN	Carver County	MN	Carver County	MN		
<u>Teen Pregnancy Rates</u>										
15-17 Years	19.2	31.0	19.2	27.2	15.4	24.5	8.8	21.8	26.9	43.0
18-19 Years	62.1	72.0	64.4	77.1	49.4	74.4	61.4	70.3	76.7	---
15-19 Years	36.1	48.7	34.2	46.2	27.0	43.9	26.0	41.1	---	---
<u>Teen Birth Rates</u>										
15-17 Years	9.3	21.7	11.2	18.5	8.8	16.8	5.9	15.2	---	---
18-19 Years	40.4	50.5	45.3	54.2	34.2	53.0	38.7	49.8	---	---
15-19 Years	21.5	34.2	22.5	32.1	17.5	30.8	16.6	28.9	---	---

Source: Minnesota Department of Health, 2002 County Health Tables

Teen Birth Rate: The number of live births to a specific age group per 1,000 female population of the specific age group.

Teen Pregnancy Rate: The number of pregnancies to a specific age group per 1,000 female population of the specific age group.

Pregnancy and birth rates for teens age 15-17 have declined in past years for both Minnesota and Carver County. The county teen pregnancy rate for 15-17 year olds decreased from 19.2 in

1993-1995 to 8.8 in 1999-2001. The county rate of 8.8 is well below the Minnesota rate of 21.8, the Healthy Minnesotans 2004 Goal of 26.9 and the Healthy People 2010 Goal of 43.

The birth rate for county residents age 15-17 decreased from 9.3 in 1993-1995 to 5.9 in 1999-2001, which is below the Minnesota rate of 15.2.^{6, 14, 15}

There is less of a decline in pregnancy and birth rates for 18-19 year olds. The pregnancy rate for Carver County 18-19 year olds decreased from 62.1 in 1993-1995 to 61.4 in 1999-2001. The rate was at a low of 49.4 in 1997-1999. The county pregnancy rate for that age group is below the state rate of 70.3 for 1999-2001 and the Healthy Minnesotans 2004 Goal of 76.7. The county's birth rate for county residents age 18-19 decreased from 40.4 in 1993-1995 to 34.2 in 1997-1999. The county rate was at 38.7 in 1999-2001, which is below the state rate of 49.8.^{6, 14, 15}

When the two age groups are combined, the pregnancy rate for Carver County teens aged 15-19 has decreased from 36.1 in 1993-1995 to 26 in 1999-2001. The birth rate for Carver County teens age 15-19 has decreased from 21.5 to 16.6 during that same time period.⁶

Although the teen-age pregnancy and birth rates have dropped, there were still 68 teen pregnancies in Carver County in 2000 and 45 births to teens, including nine births to teens aged 15-17, according to a report by MOAPPP. The report stated there were no reported pregnancies to Carver County residents under age 15 in 2000.¹³

Teen Sexual Behavior and Contraception Use

The Minnesota Department of Health (MDH) reports that half of all initial adolescent pregnancies occur within the first six

months following the initiation of intercourse, and 20 percent occur within the first month. The report concludes that 39 percent of sexually active teen-age girls who never use contraceptives become pregnant within six months, and 89 percent become pregnant over the course of a year.¹⁶

The Centers for Disease Control (CDC) analyzed data related to unprotected sexual intercourse by high school teens for the years 1991-2001. During this time period, the percentage of U.S. high school students who had ever had sexual intercourse, and the percentage of those who had had multiple sex partners, decreased. Among students who are currently sexually active, the prevalence of condom use increased, although it has leveled off since 1999. The study found the median age of first sexual intercourse is 16.5 years. The also study found that the percentage of these students who used alcohol or drugs before their last sexual intercourse increased.¹⁷

Similar results have been found in the Minnesota Student Surveys. The surveys have found the percentage of adolescents in Minnesota who reported ever having had sexual intercourse declined throughout the 1990s and into 2001.¹⁸

Table 10.4 compares Carver County ninth and 12th graders responses to the 2001 Minnesota Student Survey's section on Sexual Behavior Indicators to state response percentages.¹⁸ The shaded areas indicate Carver County percentages that are higher than Minnesota percentages. The non-shaded areas indicate Carver County percentages that are below or the same as Minnesota.

Table 10.4: Sexual Behavior Indicators for Carver County/Minnesota students

Sexual Behavior Indicators	9 th GRADE		12 th GRADE	
	Male	Female	Male	Female
Report having sexual intercourse (one or more times)	18% (-3%)	13% (-3%)	53% (+6%)	53% (+3%)
During the last 12 months, report having had sexual intercourse with two or more persons	2% (-1%)	5% (-2%)	7% (+4%)	18% ---
Report having been pregnant or gotten someone pregnant (one or more times)	1% (-1%)	2% ---	4% (+1%)	4% (-1%)
Report talking with every partner(s) <i>at least once</i> about preventing pregnancy	57% (+11%)	53% (-2%)	58% (-3%)	77% (+4%)
Report themselves and/or partner ALWAYS using any birth control	41% (+1%)	45% (+1%)	65% (+5%)	78% (+9%)
Report themselves and/or partner NEVER using any birth control	30% (+4%)	25% (-3%)	10% (-3%)	9% (-1%)

Source: 2001 Minnesota Student Survey

In the 2001 survey, more than half of Carver County 12th graders (53 percent of the boys and the girls) who responded, reported having had sexual intercourse one or more times. That percentage is 6 points higher for boys and 3 points higher for girls than the state. In ninth grade, 18 percent of the boys and 13 percent of the girls reported having had sexual intercourse. Both percentages are three points lower than the state.¹⁸

A higher percentage of Carver County girls than boys reported having had sexual intercourse with more than one partner in the past year. Twelfth grade girls matched the state at 18 percent, while the response for 12th grade boys (7 percent) was four points higher than the state. In the ninth grade, 5 percent of the girls and 2 percent of the boys reported having had more than one partner. Their responses were lower than state.¹⁸

In terms of contraceptive use, 78 percent of Carver County 12th grade girls and 65 percent of 12th grade boys report that they themselves and/or their partner always used birth control. The percentage for girls is 9 points higher than the state, and the percentage for boys is 5 points higher than the state. At the ninth grade level, 41 percent of the boys and 45 percent of the girls report they themselves and/or their partner always used birth control. Both percentages are 1 percent higher than the state.¹⁸

Carver County 12th grade girls (77 percent) were most likely to talk to their partners about preventing pregnancy. That percentage is 4 points above the state average. However, 58 percent of the county's 12th grade boys talked to their partners about preventing pregnancy, a percentage that is 3 points below

the state. In the ninth grade, 57 percent of the boys and 53 percent of the girls reported talking to their partners about preventing pregnancy. The ninth grade boys' response is 11 points higher than the state, while the girls' response is 2 points below the state.¹⁸

Sexually active ninth graders were less likely than sexually active 12th graders to use birth control; 30 percent of the boys and 25 percent of the girls report themselves and/or partner never used any birth control method. Those percentages were 4 points higher than the state for boys and 3 points lower than the state for girls. Ten percent of 12th grade boys and 9 percent of 12th grade girls reported never using birth control. Those responses were lower than the state.¹⁸

The 2001 Minnesota Student Survey included a section on reasons for sexual abstinence among teens. This data indicates that parental opposition to premarital or teen sex is a key factor for many teens who choose to abstain from having sexual intercourse. Their perceived susceptibility to pregnancy and sexually transmitted diseases also played an important role in their decision to abstain.¹⁸

Community partners report that Carver County organizations and parents have been increasingly successful in educating teens about the consequences of unintended pregnancies and encouraging teens to make responsible sexual decisions. The success of those attempts can be seen in the decline in teen pregnancy and birth rates and the increased use of contraceptives among sexually active teens.

Summary

Carver County rates for abortions, out-of-wedlock births and teen-age pregnancies generally have been lower than state. Residents tend to have a higher educational status and a higher median income than the state. These community characteristics reflect the assets of the community and the efforts of Carver County Community Health Services (CCCHS) to educate various populations on unintended pregnancies and provide links to pre-pregnancy family planning services.

Carver County's rapid growth and relatively young population has meant there has been an increase in the number of women between the ages of 13-44 who are at risk for unintended pregnancies. As growth continues, and the county's relatively high numbers of children become adolescents and adults, the need for services to prevent unintended pregnancies is expected to increase.

Carver County public health will continue to build on its history of providing education services and collaborating with other organizations to help ensure family planning services are available to county residents. It will continue to focus on those most at risk for unintended pregnancies – low-income women, women of color, unmarried women and teenagers – and monitor trends in the overall population that is at risk for unintended pregnancies.

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