



WOMEN'S HEALTHCARE:

ACCESS TO CONTRACEPTION
AND COMPREHENSIVE,
MEDICALLY ACCURATE
SEX EDUCATION

the
WOMEN'S FUND
OF CENTRAL OHIO

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The Women's Fund of Central Ohio is fiercely committed to igniting social change for the sake of gender equality. We spark conversations, connect people and organizations, and influence the opportunity for economic empowerment and leadership for women and girls. We provide the research to inform and affect policy, the tools to disrupt social norms, and the grants to build capacity; all while creating a community of change-makers.

SPARK REPORTS tell the stories of the issues impacting women and girls in central Ohio. They are intended to bring data to life and to be a resource while empowering individuals and organizations to create change.

This Spark Report focuses on Women's Healthcare with an emphasis on teen pregnancy rates, comparing those in Ohio to those across the nation. Additionally, this report acknowledges the role that contraception and sex education plays in the reduction of unintended pregnancy and the access to affordable healthcare for women. These data highlights the importance that access to women's healthcare has on the future of women and their economic empowerment.

This report is generously underwritten by:



WHY REDUCING TEEN PREGNANCY MATTERS



The rate of teenage pregnancy in the United States is at its lowest level in nearly 40 years; however, it still remains the highest among the most developed countries in the world.

Nearly 750,000 American teenagers become pregnant each year.¹ The majority of these pregnancies — 82% — are unintended.²

Teenage pregnancy has been shown to contribute to an increase in trends, such as, poverty, health and Medicaid costs, premature birth, and infant mortality. Nationally, two-thirds of families with a young, unmarried mother live in poverty and almost 80% of teen mothers must rely on public assistance program at some point in their lives. Teenage mothers are also more likely to drop out of school. Only about one-third of teen mothers obtain a high school diploma.³

1. Kost, Kathryn, and Stanley Henshaw. (2012). U.S. Teenage Pregnancies, Births and Abortions, 2008: National Trends by Age, Race and Ethnicity. New York: Guttmacher Institute. [Online]. <http://www.guttmacher.org/pubs/USTPtrends08.pdf>, accessed February 8, 2012.

2. Finer, Lawrence B. & Mia R. Zolna. (2011). "Unintended pregnancy in the United States: incidence and disparities, 2006." *Contraception*, 84(5), 478-485.

3. *Teen Pregnancy Affects Graduation Rates*. National Conference of State Legislatures. www.ncsl.org/research/health/teen-pregnancy-affects-graduation-rates-postcard.aspx.

TWO-GENERATIONAL IMPACT

Teen pregnancies often set the stage for a cycle of economic hardship that repeats across generations. Studies that followed children all the way through high school found that children of teen mothers are less likely to complete high school and have lower performance on standardized tests. Only 66% of children born to teen mothers earned a high school diploma compared to 81% of children born to older mothers.⁴

GENDER NORMS

Gender norms are the socially constructed, popular ideas that most people have about what it means to “act like” a man or a woman. The societal gender norms placed upon women are often the sexualization of their bodies. According to the Pervasive Power of Gender Norms report, girls and boys who internalize traditional gender norms are more likely to be involved in teen and unplanned pregnancies and drop out of school.

Having the power to decide if and when to get pregnant increases young women’s opportunities to be healthy, to complete their education, and to pursue the future they want.

TEEN PREGNANCY IS DECLINING

The teen pregnancy rate in the United States declined 25% from 2007 to 2011⁵ and reached historic lows in 2013, for a national rate of 43 per 1,000 women.



In Ohio, the pregnancy rate among adolescents aged 15-17 has steadily declined from 65.1 per 1,000 teens (aged 15–19) in 2005⁶ to 41 in 2013.

4. National Campaign to End Teen Pregnancy. Power to Decide.

5. Lindberg, Laura, John Santelli, and Sheila Desai. “Understanding the Decline in Adolescent Fertility in the United States, 2007-2012.” *Journal of Adolescent Health* 59.5 (2016): 577-83. Web.

6. One Girl

RACIAL AND ETHNIC DISPARITIES IN TEEN PREGNANCY

Although pregnancy rates have declined among all racial and ethnic groups, disparities still persist. In 2013, the teen pregnancy rates of Hispanic teens were still more than 2.5 times higher than the rate for non-Hispanic white teens and the rate of non-Hispanic black teens was almost twice as high.⁷

RACIAL GROUP	CURRENT TEEN PREGNANCY RATE (2013)	% DECLINE SINCE 1991
WHITE (NON-HISPANIC)	30 pregnancies per 1,000 women	64%
BLACK (NON-HISPANIC)	76 pregnancies per 1,000 women	66%
HISPANIC	61 pregnancies per 1,000 women	64%

WHAT HAS CAUSED THIS DECREASE?

ACCESS TO CONTRACEPTION

We know the rates of teen pregnancy have significantly decreased. But it *isn't* because teens have abstained from sex. In 2011–2013, among 15–19-year-olds, 44% of females and 49% of males had had sexual intercourse.⁸ This level has remained steady since 2002.

And it *isn't* because teens had more abortions. Abortion rates have also been declining in the U.S. among all age groups, and particularly among teenagers.⁹ In 2013, teen pregnancies resulted in 11 abortions per 1,000 women compared to 18 per 1000 in 2008.¹⁰

Rather, researchers found that improvement in contraceptive use accounted for the reduction of teen pregnancies.

Greater access and consistent use of birth control is essential to reducing the number of unplanned pregnancies and abortions in the U.S.

Easy and confidential access to family planning services through health centers, school-linked health centers, and condom availability programs have been found to help prevent unintended pregnancies. The proportion of U.S. females aged 15–19 who used contraceptives the first time they had sex has increased from 48% in 1982 to 79% in 2011–2013.¹¹

A study estimated that improved contraceptive use accounted for the entire 28% decline in teen pregnancy risk between 2007 and 2012.¹²

ACCESS TO COMPREHENSIVE AND MEDICALLY ACCURATE SEX EDUCATION

A recent examination of the National Survey of Family Growth revealed that teens who received comprehensive sex education were 50% less likely to report a pregnancy than those who received abstinence-only education.¹³

Comprehensive sex education teaches that abstinence is the best method for avoiding sexually transmitted infections (STIs) and unintended pregnancy. However, it also teaches about condom use and contraceptive methods to reduce the risk of STI and unintended pregnancy.¹⁴

Currently, Ohio has no health education standards. The Board of Education of each school district – 611 total in the state—must establish a health education curriculum for “all schools under their control.” State Laws and guidelines from the Ohio Department of Health says the health education curriculum must include “venereal disease education,” which must emphasize abstinence.

7. Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: National and State Trends by Age, Race and Ethnicity. Guttmacher Institute. 2013.

8. Martinez GM and Abma JC, Sexual activity, contraceptive use, and childbearing of teenagers aged 15–19 in the United States, NCHS Data Brief, 2015, No. 209.

9. Jones, Rachel K., and Jenna Jerman. “Abortion Incidence and Service Availability In the United States, 2014.” Perspectives on Sexual and Reproductive Health, vol. 49, no. 1, 2017, pp. 17–27., doi:10.1363/psrh.12015.

10. Guttmacher

11. Martinez GM and Abma JC, Sexual activity, contraceptive use, and childbearing of teenagers aged 15–19 in the United States, NCHS Data Brief, 2015, No. 209.

ACCESS TO HEALTHCARE

Access to affordable birth control benefits society as a whole in terms of fewer health disparities for disadvantaged populations, reduced child poverty, and lower public spending. The average annual cost associated with teen pregnancy, per taxpayer, is \$1,647.¹⁵ That is up to nine times the cost of a year's supply of the birth control pill at many women's health centers. It is up to 40 times the annual cost of an Intrauterine Device (IUD).¹⁶



In terms of dollars, taxpayers spend about **\$12 BILLION** annually on women who experience unplanned pregnancies.



Providing publicly funded contraception for a woman who wants it costs about **\$239 PER YEAR.**



That is a **SAVING OF NEARLY \$6** in medical costs for every \$1 spent on contraceptive services.

Of the many indicators that increase the risk of unintended teen pregnancies, socioeconomic status is one of the largest and most prominent. In 2011, the unintended pregnancy rate among women living under the federal poverty level was more than five times the rate among women with an income greater than 200% of poverty.¹⁷

In the absence of publicly funded family planning services the pregnancy rate for adolescents aged 15–19 would have been 73% higher than they currently are.



12. Guttmacher

13. Kohler, et al. Abstinence-only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy. *Journal of Adolescent Health*, 42 (4): 344-351

14. Planned Parenthood

15. NCPTUP. (2011, June). Counting It Up: The Public Costs of Teen Childbearing: Key Data. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy. [Online]. <http://www.thenationalcampaign.org/costs/pdf/counting-itup/key-data.pdf>, accessed November 29, 2011.

16. Planned Parenthood Federation of America. (2013). Birth Control. New York: Planned Parenthood Federation of America. [Online]. <http://www.plannedparenthood.org/health-topics/birth-control-4211.htm>, accessed March 22, 2013.

17. Guttmacher

CALLS TO ACTION

- Encourage your local School Board to adopt health education standards that requires schools to teach a curriculum of medically accurate, comprehensive sex education.
- Encourage your legislator to pass House Bill 248—The Ohio Prevention First Act.
- Encourage your legislator to maintain Medicaid expansion in Ohio and oppose any barriers to birth control access.

Together, these policies and solutions can help maintain the reduction in teen pregnancy rates and ensure that women have access to healthcare ultimately giving them the power to be healthy and pursue the future they desire.

We're working to create lasting social change. To do so, we need your financial support. Ready to invest in social change? If so, contact us at investinsocialchange@womensfundcentralohio.org

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