

6 FAMILY PLANNING

Family planning is an important public health focus that includes preventing unintended pregnancies, spacing births to ensure maximum maternal, infant and sibling health, and preventing pregnancies among adolescent females. Family planning services provide opportunities for individuals to receive medical advice and assistance in controlling if and when they get pregnant, and for health providers to offer health education and related medical care. Although current fertility and contraceptive technologies should provide people with significant control over their fertility, the U.S. has one of the highest unintended pregnancy rates of all industrialized nations, with half of all pregnancies being unintended. The HP 2010 objectives in the area of family planning are based on a 1995 Institute of Medicine’s report which calls for a national social norm in which all pregnancies are intended—that is, clearly and consciously desired at the time of conception.

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6.1 UNINTENDED PREGNANCY

HP 2010 Objective 9-1: Increase to 70% the proportion of pregnancies that are intended.

Jefferson County Status: In 1997 – 2001, 67.1% of pregnancies were intended.

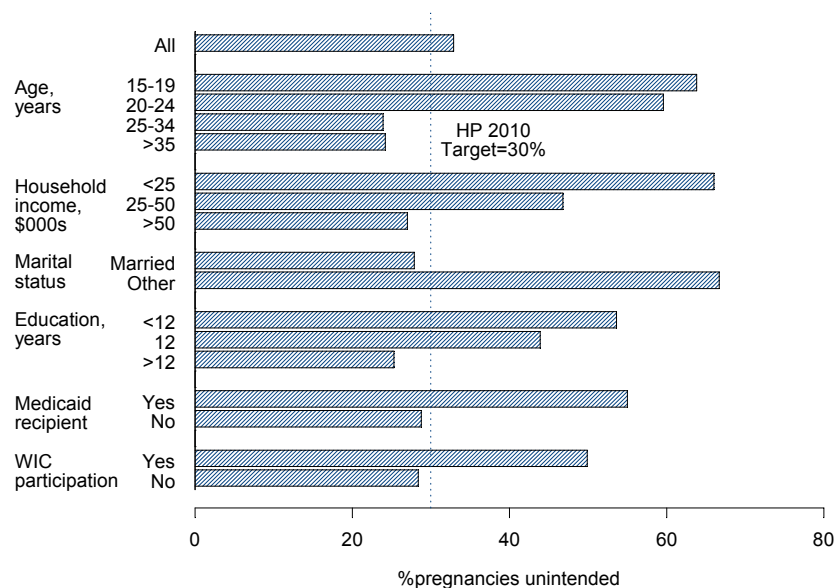
Only half of all pregnancies in the U.S. are intended. Socially, the costs of unintended pregnancies can be measured in reduced educational attainment and employment opportunity, greater welfare dependency and increased potential for child abuse and neglect. Medically, unintended pregnancies are serious in terms of the lost opportunity to prepare for an optimal pregnancy, increased likelihood of infant and maternal illness and the likelihood of abortion.

Unintended pregnancy can carry serious consequences for parents at all ages and life stages. When a pregnancy is unintended, a mother is more likely to delay or not seek prenatal care and to expose the fetus to harmful substances, and is less likely to breastfeed her infant. The child of an unintended pregnancy is at greater risk of low birthweight, dying in its first year, being abused and not receiving sufficient resources for healthy development.

Jefferson County Findings

- Among all mothers, the proportion of pregnancies that were intended was very close to the HP 2010 target of 70% (Figure 6.1).
- Some groups of mothers were at higher risk for unintended pregnancy, and county findings were typical of those occurring in the U.S. Mothers who were younger, had lower incomes, were unmarried, had lower educational attainment and who enrolled in Medicaid and WIC were significantly more likely to report that their pregnancies were unintended.

Figure 6.1 Pregnancy intention by mother's age, marital status, education and assistance program participation, Jefferson County, 1997 - 2001



Source: JCDHE-Epidemiology and CDPHE-PRAMS

6.2 BIRTH INTERVAL

HP 2010 objective 9-2: Reduce to six (6) percent the proportion of births occurring within 24 months of a previous birth.

Jefferson County Status: In 1998 – 2002, 20% of mothers had birth intervals shorter than 24 months.

Mothers who wait 18 to 23 months after a delivery before conceiving their next child improve the likelihood of successful subsequent birth outcomes, including reduced risk for low birth weight and preterm birth. Health care providers fill an important role in helping new mothers understand that pregnancy can occur again soon after delivery and that contraception is vital for the health of the mother and infant.

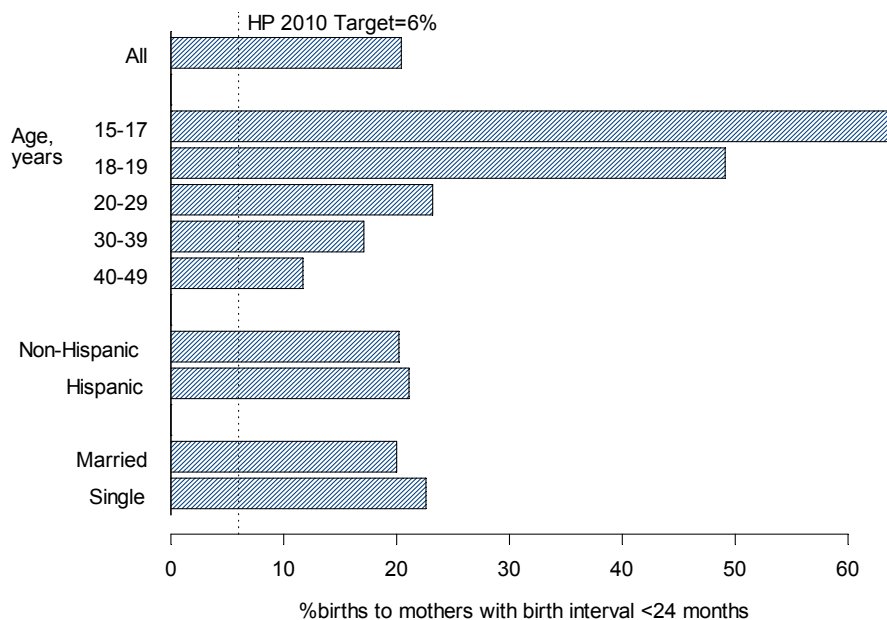
For adolescents, child bearing is associated with poor outcomes for mothers, infants and children. Giving birth to a second child while still a teen further increases an adolescent mother's risk of poor health and social outcomes for herself and her child. Research has shown that second births to teen mothers are associated with physical and mental health problems for the mother and the child, yet in the two years following the first birth, adolescent mothers have second births at about the same rate as other mothers.

In the U.S. in 1995, 11% of mothers gave birth within 24 months of a previous birth.

Jefferson County Findings

- Over 20% of mothers had birth intervals shorter than 24 months (Figure 21).
- Adolescent females aged 15 – 19 years had the highest rate of short birth intervals. Over 60% of adolescent females who were giving birth to a second or higher order child had a shorter interval between births than that recommended by the HP 2010 target.

Figure 6.2 Maternal birth interval shorter than 24 months, by mother's age, ethnicity and marital status, Jefferson County, 1998 - 2002



Source: JCDHE-Epidemiology and CDPHE-HSVRD

6.3 ADOLESCENT BIRTHS AND SEXUAL ACTIVITY

HP 2010 Objective 9-7: Reduce pregnancies among adolescent females to 43 per 1,000 females aged 15 – 17 years. (*Note:* Pregnancies include all live births, induced terminations of pregnancy and fetal losses).

Jefferson County Status: In 2002, the birth rate among adolescent females aged 15 – 17 years was 11 births per 1,000 females.

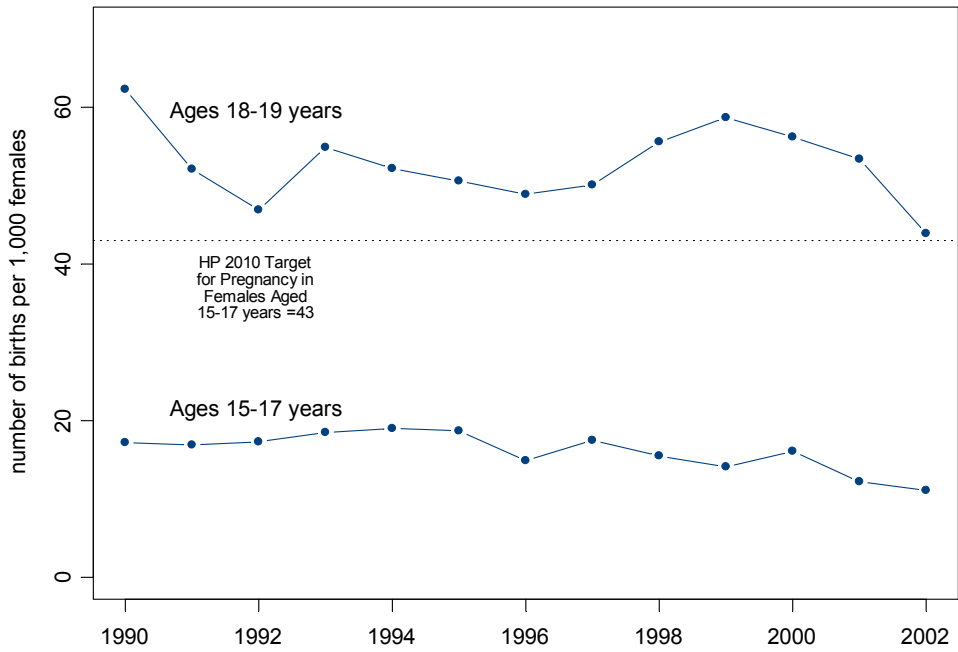
The U.S. adolescent pregnancy rate is higher than in many other developed countries. It is twice as high as that in England, Wales, France, and Canada, and nine times as high as in the Netherlands and Japan. Most adolescent childbearing occurs outside marriage, and this trend has increased during the past two decades. There are approximately 30,000 pregnancies among females younger than 15 years in the U.S. each year. All pregnancies in this age group are considered inappropriate. Nearly two-thirds of pregnancies among females younger than 15 years end in induced abortion or fetal loss.

As described in the two earlier sections, adolescent pregnancy and birth have a high likelihood of poor health and social outcomes for both the mother and child. Adolescent pregnancies are more likely to be unintended and less likely to be under the care of a health provider. Adolescent females are more likely to engage in behaviors more detrimental to their infant, such as cigarette smoking, and they are the least likely group to have long-term social and economic support for themselves and their children.

Jefferson County Findings

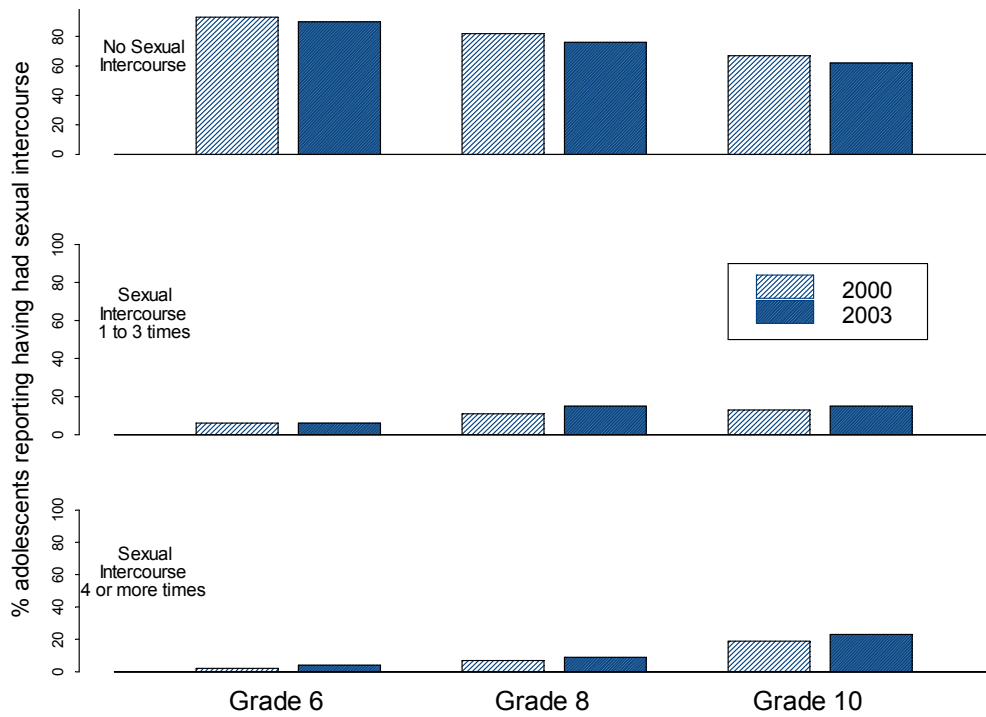
- Data are available on births to adolescents, but there is no induced termination of pregnancy data available for the county. Therefore, Jefferson County's rates of births to adolescent females are not matched with the HP 2010 objective.
- Adolescent birth rates among females aged 15 – 17 and aged 18 – 19 have declined between 1990 and 2002 (Figure 6.3).
- Although births to adolescent females have declined slightly, adolescent sexual activity may be increasing. Data from the tri-annual *Search Institute Profiles of Student Life*¹² surveys conducted within Jefferson County R-1 Schools suggest that, across the three grades 6, 8 and 10, students are less likely to have been sexually abstinent in 2003 than in 2000 (Figure 6.4, top panel).

Figure 6.3 Adolescent births in Jefferson County among females aged 15 – 17 years



Source: JCDHE-Epidemiology and CDPHE-HSVRD

Figure 6.4 Number of occurrences and percent of Jefferson County adolescents



Source: JCDHE-Epidemiology and Jefferson County R-1 Schools