Sexual Health of Alabama Teenagers

Alabama has a higher teenage birth rate than the United States; in 2009, teenage birth rate was 50.7 per 1,000 among Alabama females ages 15–19, compared to 39.1 per 1,000 for the entire U.S.¹ Alabama ranked 16th in teenage pregnancy rates among the 50 states and District of Columbia.²

Data from the 2009 Youth Risk Behavior Surveillance show that Alabama teenagers were less

Sexual Health Profile	AL	US
Teenage Birth Rate per 1,000 (2009)	50.7	39.1
Percent Low Birth-weight (2009)	10.6	8.2
Infant Mortality Rate per 1,000 (2005-2007)	9.5	6.8
Chlamydia Rate Among Teenage Women per 100,000 (2009)	4,895.1	3,314.7
Gonorrhea Rate Among Teenage Women per 100,000 (2009)	982.9	566.0
HIV Diagnoses per 100,000 (2009)	16.7	17.4

likely to have used a condom at their most recent sexual intercourse than U.S. teenagers.³ The same survey reported that 79.3 percent of sexually active Alabama teenagers reported that they did not use birth control pills before their last sexual encounter; the U.S. figure is 80.2 percent.

Sexually Transmitted Infections

Sexually transmitted infection rates are higher among Alabama women ages 15–19, than in the U.S as a whole. In 2009, 4,895.1 per 100,000 Alabama females ages 15–19 were diagnosed with Chlamydia, compared to a national rate of 3,314.7 per 100,000. Among females age 20 and older, the Chlamydia rates were 612.4 and 478.8 per 100,000, respectively for Alabama and the United States.⁴ The same pattern was observed for Gonorrhea.⁵ Overall, Alabama ranked 5th and 6th among the 50 states, plus DC, for Chlamydia and Gonorrhea for females ages 15–19, and 9th and 7th for the same sexually transmitted infections among females 20 years and older.

Alabama has a slightly lower rate for HIV incidence than the United States. There were 16.7 new HIV cases per 100,000 people in Alabama in 2009, compared to 17.4 per 100,000 for the US.⁶

Ventura, S.J. and Hamilton, B.E. (2011). "U.S. Teenage Birth Rate Resumes Decline". National Center for Health Statistics 58. http://www.cdc.gov/nchs/data/databriefs/db58.pdf, accessed January 20, 2012.

² Guttmacher Institute. (2010). U.S. Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity. http://www.guttmacher.org/pubs/USTPtrends.pdf, accessed December 17, 2011.

³ Centers for Disease Control and Prevention (CDC). 2010. Youth Risk Behavior Surveillance—United States, 2009. Surveillance Summaries. Morbidity & Mortality Weekly Report. 2010. 59 (SS-5). http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf, accessed September 13, 2011.

⁴ CDC's WONDER Database website. http://wonder.cdc.gov/controller/datarequest/D57;jsessionid=6E97AC5B24CF0A9E53 8C95027B5F6F9F?stage=results&action=hide&measure=D57.M2, accessed December 18, 2011.

⁵ Ibid.

⁶ Centers for Disease Control and Prevention. 2009. HIV Surveillance Report. Vol. 21. Table 19. http://www.cdc.gov/hiv/surveillance/resources/reports/2009report/pdf/2009SurveillanceReport.pdf, accessed December 18, 2011.

Alabama ranked 11th in HIV incidence in 2009, among all states for which comparable data were available.

According to a 2011 study, 66.2 percent of unintended births in Alabama were paid for by public dollars, compared to 64.0 percent nationally. The expenditure amount per unintended birth was estimated as \$8,660 and \$11,647, respectively for Alabama, and the United States.⁷ The public costs of having a child before age 20 are high; in Alabama, teenage childbearing cost taxpayers at least \$192 million.8

Alabama's poverty rate			
is high. Among children	Demographics	AL	US
between the ages of 0–17,	Population in 2010	4,779,736	308,745,538
24.6 percent are living in			
poverty versus 20 percent	White (%)	67.0	63.7
for the United States. ⁹	African-American (%)	26.0	12.2
The general population in	Hispanic (%)	3.9	16.3
Alabama living in poverty	Other (%)	3.1	7.8
is 17.5 percent versus	Other (%)	5.1	.0
the United States at 14.3	Persons 25+ with Bachelor's	21.9	28.2
percent. The population	Degrees or Higher in 2010 (%)		
of Alabama grew by 7.5	Poverty Rate in 2009 (%)	17.5	14.3
percent in the last decade.	Poverty Rate 0–17 year olds (%)	24.6	20.0

Population Size, Educational Attainment, and Poverty Data

Although 82.1 percent

Alabama's poverty rate

of Alabama's students graduate from high school,¹⁰ only 21.9 percent of Alabama's residents 25 years and older had earned a bachelor's degree or higher, compared to 28.2 percent for the United States.¹¹ Alabama's 2010 average annual unemployment rate was slightly lower than the national figure (9.5% v.9.6%).¹²

⁷ Sonfield, A., Kost, K., Gold, R.B., and Finer, L.B. (2011). The Public Costs of Birth Resulting from Unintended Pregnancies: National and State-Level Estimates. Perspectives on Sexual and Reproductive Health 43(2), 94-102. http://www.guttmacher.org/pubs/journals/4309411.html, accessed December 17, 2011.

⁸ The public costs of teen childbearing obtained from the National Campaign to Prevent Teen and Unplanned Pregnancy website. http://www.thenationalcampaign.org/costs/pdf/counting-it-up/fact-sheet-west-virginia.pdf, accessed December 17, 2011. These are net cost, not gross costs.

Census Bureau's Small Area Income and Poverty Estimates website. 9 http://www.census.gov/cgi-bin/saipe/national.cgi?year=2009&ascii, accessed December 17, 2011.

Calculated using data from the 2010 American Community Survey, Table S1501 in the Census Fact Finder site. 10 http://factfinder.census.gov/, accessed February 25, 2012.

¹¹ Ibid.

¹² U.S. Department of Labor, Bureau of Labor Statistics. Unemployment Rates for States. http://www.bls.gov/lau/lastrk10.htm, accessed December 28, 2011.

Sexual Health Education

In 2010, Alabama applied for all the new federal grant opportunities and was awarded a total of \$2,083,402. This grant money was distributed as follows: \$426,172 (or 20.5%) for TPP; \$789,678 (or 37.9%) for PREP; and \$876,552 (or 41.6%) for Title V abstinence-only initiatives.¹³ More funding in Alabama went to support abstinence-only sex education than either PREP or TPP programs. The state contribution for that year was only in-kind. Details of the projects supported by these grants are available online at SIECUS website.¹⁴

In Alabama, there are no legal barriers to providing students medically accurate, age-appropriate, sexual health education.

Success stories: Reducing the Risk in Birmingham

The *Reducing the Risk* curriculum has been utilized at a Birmingham, Alabama high school by Drs. Tina Simpson and Yu-Mei Schoenberger and their colleagues (at the Adolescent Health Center). The Teen Health Program at the University of Alabama at Birmingham's Minority Health and Health Disparities Center has trained a group of high school students as community health advisors. These young community health advisors incorporate sexual health education into day-to-day interactions with their peers and sponsor school-wide activities that promote reduced sexual risk behaviors.

Although this program is in its first year of implementation, the comments from students are positive and the impact of these youth gaining and disseminating knowledge and skills to prevent risk-taking sexual behavior is expected to have a far-reaching effect on students at this high school and beyond. This program will be tracked over the next few years to document its effectiveness.

Success stories: Making a Difference in Montgomery

The *Making a Difference* program is conducted by the Montgomery Area Campaign to Prevent Teen Pregnancy, a project of the Gift of Life Foundation. During the 2010-2011 school year, the Montgomery Campaign transitioned from an abstinence-based curriculum they had used for several years to an evidence-based teenage pregnancy prevention program. The *Making a Difference* program has been favorably reviewed and endorsed by administrators, staff, and educators from Montgomery Public Schools.

The *Making a Difference* program is delivered by fully trained health educators from the Gift of Life Foundation to all seventh grade students in Montgomery Public Schools. There are plans to begin a pilot project this year in a Montgomery high school focused on implementing the

¹³ Calculated using data from the Sexuality Information and Education Council of the United States (SIECUS), accessed August 12, 2011.

¹⁴ SIECUS website www.siecus.org/alabama2010, accessed December 28, 2011.

Reducing the Risk teenage pregnancy prevention program. This transition from an abstinence program to evidence-based programs is a significant accomplishment.

Success stories: Perspective From a State Policy-Maker

Alabama State Representative Patricia Todd is a champion of HIV/AIDS awareness and teenage pregnancy prevention, as well as other health issues. She has chaired the Governor's Poverty Task Force and is a leading voice stressing the need for policies and programs that help people live healthy lives. Recently, Representative Todd was asked by some of her fellow lawmakers to create and deliver an HIV/AIDS and teenage pregnancy prevention program in a rural Alabama county. She is interested in identifying an evidence-based program for this project. Her long-term goal is to use this pilot project as an example to her colleagues of what can be done in communities to provide knowledge and skills to young people that will help them avoid sexual risk-taking behaviors.

Excerpted from: "Sexual Health of Young People in the U.S. South: Challenges and Opportunities" by Yanyi K. Djamba, Theresa C. Davidson, and Mosisa G. Aga, Center for Demographic Research, Auburn University at Montgomery.

A copy of the full report can be found at: http://www.demographics.aum.edu/