

Teenage pregnancy rate on the increase in Alabama, nation

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ANNA VELASCO
News staff writer

The rate of teenage pregnancy in Alabama rose for the second consecutive year in 2007, marking the end of a decline in the troublesome phenomenon of girls having babies.

Public health officials and children's advocates say Alabama's numbers, released Monday, are part of a national trend. The problem is complex and the causes are not clear, they say.

The state had seen a steady decline in teenage pregnancy from 1996 through 2005, dropping from 57.1 pregnancies per 1,000 girls ages 10-19 to 37.5. In 2006, the rate in Alabama climbed to 39.6 pregnancies per 1,000 and was 39.7 in 2007. "Any time that we see numbers like this moving in the wrong direction, we should be concerned," said Linda Tilly, executive director of Voices for Alabama's Children, an advocacy group based in Montgomery. "People should be on alert. We had been headed in the right direction."

Ties to poverty:

Pregnancy among teenagers and young girls is associated with a host of problems, from pre-term birth and low-birth-weight babies to poverty and welfare dependence.

The increase in births to teens is tied to the state's increase in infant mortality, said Dr. Don Williamson, state health officer. "Those statistics are clearly related," he said.

In 2007, Alabama's infant mortality rate was 9.4 for babies born to adult mothers, but 13.8 for teenage mothers, state data show. Alabama's infant mortality overall was 10 deaths per 1,000 live births in 2007, the highest rate since 1998. The U.S. rate for 2007 was 6.6 deaths per 1,000 births.

"Even if a teenage mother gets adequate prenatal care, has a normal-weight baby and finishes high school, her baby is more likely to die in the first year of life than a baby born to an older mom," Williamson said.

For the babies who survive, Tilly said, teen pregnancy can have long-term negative effects on the mothers and the children, predisposing both to a lifetime locked in poverty. Most teenage mothers are unwed and are less likely to complete high school, reducing the women's earning potential.

"We all ultimately pay a price for it, too, through health costs and community costs," Tilly said.

The 2006 and 2007 national comparative numbers on teenage pregnancy are not available yet, but Williamson said other states are also reporting an increase.

Birth control is available:

Williamson said Alabama and its peer Southeastern states have seen a drop in the number of women eligible for Medicaid-covered family planning services since the nation enacted a law in 2006 requiring Medicaid patients to prove their U.S. citizenship. He said it's too soon to say for sure, but he wonders whether the decrease in Medicaid patients receiving the services is a factor in the increase in teenage pregnancy.

Williamson said anybody may receive family planning services at public health departments, regardless of their citizenship and regardless of whether they're on Medicaid.

"I know it's not a lack of access," Williamson said. "I think there may be a misunderstanding about eligibility for family planning."

Jamie Keith, director of the nonprofit Alabama Campaign to Prevent Teen Pregnancy, said the problem is so complex that the contributing factors may vary by community. She urges community leaders to explore programs proven effective at curbing teenage pregnancy and suggests people visit the group's Web site, www.acptp.org, for ideas. Keith said programs that have proof they work include information on contraceptive use.

"We think it's important to have abstinence education at the core of every program but to provide reproductive health information as well," she said.

E-mail: avelasco@bhamnews.com