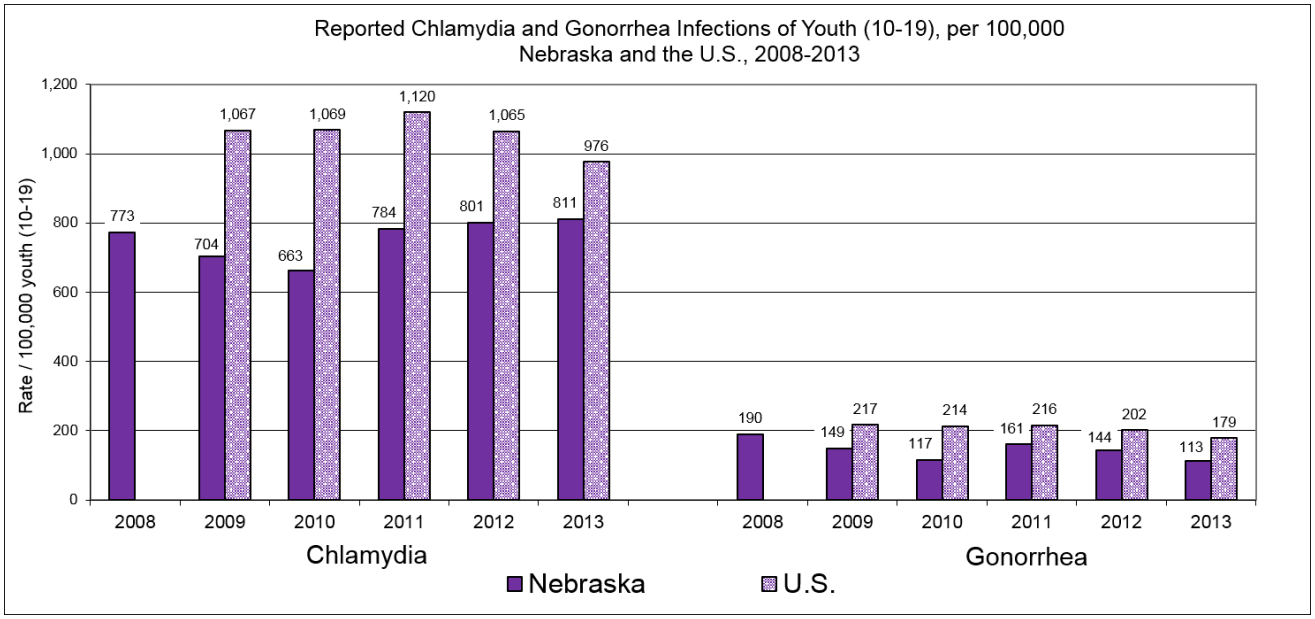
Sexually Transmitted Disease and Reproductive Health among Nebraska Youth

Nebraska youth are engaging in risky sexual behavior which is leading to increasing rates of STDs and unintended pregnancies. Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on adolescent parents and their children.[1] Unintended pregnancies may prevent youth from accomplishing their educational goals and may perpetuate a cycle of poverty. Likewise, sexually transmitted diseases (STDs) among young people can result in serious health consequences. Immature adolescent reproductive and immune systems make adolescents more vulnerable to infection by various STD agents.[2] Repeated and untreated STDs increase the risk for chronic disease, HIV/AIDS, infertility, cancer and impede healthy adult reproductive lives. Rates of teen pregnancy are higher for youth who have spent time in foster care. Research suggests that more than 50% of young women in foster care report being pregnant by age 21, compared to less than one third of young women not in foster care.[3]

Significant disparities exist for STDs by age and race. Youth are significantly more likely to experience STDs than their older counterparts. Further, within Nebraska, African Americans are significantly more likely than other races to report having an STD. Teen birth rates are also differential by race, as American Indian, African American, and Hispanic women have higher teen birth rates than White and Asian/Pacific Islander youth. Without a focus on prevention and intervention these rates are likely to continue to rise for Nebraska's youth.



Criterion 1: The Problem is Worse than the Benchmark or Increasing

According to data from the DHHS Sexually Transmitted Disease Program (2012), both chlamydia and gonorrhea rates among youth in Nebraska are lower than national rates.
Nebraska's adolescent rates of gonorrhea and chlamydia have been stable among adolescents since 2008. While chlamydia rates are not increasing for youth less than the age of 19, they are increasing significantly for those over the age of 20.

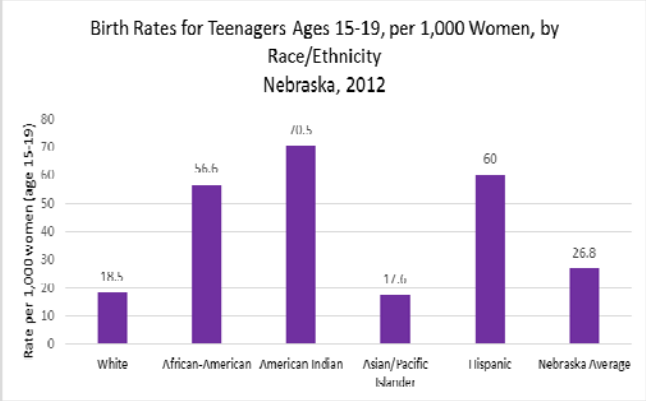
According to the 2013 Nebraska YRBS, 35% of Nebraska youth ages 15-19 have had sex at least once. Teen birth rates have been decreasing in

the past five years. Nebraska's teen birth rate was 26.8 per 1,000 women ages 15-19 (Vital Records data, 2012). In 2012 there were 1,688 teen births in Nebraska (Vital Records data, 2012). According to Nebraska PRAMS data, in 2011, 75% of pregnancies among Nebraska adolescent mothers (<20) were unintended. Thus, only 25% of pregnancies were intended.

Criterion 2: Disparities Exist Related to Health Outcomes

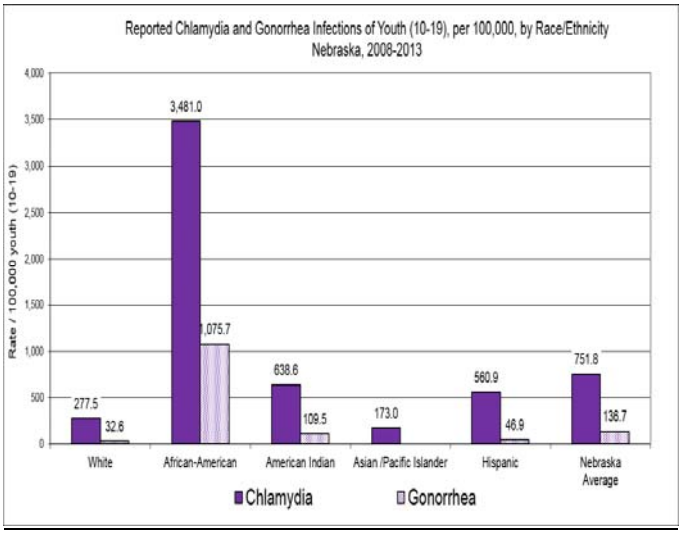
There is strong evidence of long-standing and historical inequities resulting in documented disparities in youth outcomes related to reproductive health.

In Nebraska, African American, American Indian, and Hispanic youth are more likely to become teen mothers than White and Asian/Pacific Islander youth (National Center for Health Statistics, 2012). See the table below for teen birth rates for each race/ethnicity.



According to Nebraska PRAMS, unintended pregnancy among adolescent mothers (<20) was 75% compared to 39.2% for all women who had a live birth in 2011. Of the adolescent mothers not intending pregnancy, 85% reported wanting to be pregnant later, and 15% reported not wanting to be pregnant any time in the future.

Adolescents and young adults have a higher rates of sexually transmitted diseases (STDs) than adults. The highest reported rates of STDs are found among young people aged 15-19 and 20-24.[4] This is also true for racial and ethnic minority youth populations.[5] As shown in the table below, African-American youth have rates of chlamydia and gonorrhea that are significantly higher than any other racial/ethnic group in Nebraska and than the overall state average. American Indian and Hispanic youth have higher rates of chlamydia and gonorrhea than White and Asian/Pacific Islander youth but these numbers remain below the state average.



Youth that spend time in the foster care system often are exposed to more risk factors than youth that are not in the foster care system. Some of these risk factors include chaotic or abusive homes, family turbulence while in care, and engagement in problem behaviors. These risk factors increase the likelihood that youth experience early sexual initiation and risky sexual relationships and behaviors. By age 21, almost 50% of young men in foster care report having gotten a female partner pregnant

compared to 19% of young men not in foster care.[6]

Criterion 3: Strategies Exist to Address the Problem / An Effective Intervention is Available

Strategies exist to address the broad spectrum of high-risk sexual activity among youth that contribute to unintended pregnancies and sexually transmitted diseases. These strategies favorably impact rates of STDs and unintended pregnancy.[7]

Over 30 evidence based programs exist that target teen pregnancy prevention.[8] Many include objectives to increase sexuality education, delay sexual initiation, reduce recent sexual activity, reduce the number of sexual partners, increase contraceptive use and consistency, decrease STD and HIV transmission, and reduce pregnancy and birth rates.

In addition to available programming, interventions can be chosen to tailor to the specific needs of target communities and populations. This data, along with the National Sexual Education Standards[9], are available as resources in the development of comprehensive programs for youth.

High-risk or oncogenic HPVs (a type of STD) can cause cancer. At least a dozen high-risk HPV types have been identified. Two of these, HPV types 16 and 18, are responsible for the majority of HPV-caused cancers. The Food and Drug Administration has approved two HPV vaccines that are highly effective in preventing infections with HPV types 16 and 18.[10]

Criterion 4: Societal Capacity to Address the Problem

Public and political will to address the problem is increasing both at the federal and local levels. The reality of the STD epidemic is gaining recognition as an issue in need of prevention. Federal funding to address teen pregnancy and sexual responsibility is also available.

Across the state, communities recognize the need to address high rates of STDs among youth and there is momentum gaining strength to make positive change.

- The Omaha Women's Fund has begun the Adolescent Health Project with a targeted approach to educating youth about the risks of STDs and how they can get tested and protect themselves.
- Grand Island Public Schools has been working to adopt the National Sexual Education Standards.
- Current HPV vaccination rate data (National Immunization Survey – Teen, 2013) indicate that within Nebraska, 41.5% of females and 19.7% of males age 13-17 have received all three shots in the HPV vaccination sequence, 55.3% of females and 26.4% of males have received two shots in the sequence, and 65.1% of females and 38.2% of males have received the first shot in the sequence. These numbers are higher than national numbers for each number of shots received.

Multiple local supports are in place to support the reproductive health of youth including:

- University programs and/or health clinics including UNMC, UNO, UNK, UNL, Creighton, Wayne and Peru State.
- Non-profit organizations across the state including Girls & Boys Clubs, Nebraska Children's Home Society, and crisis pregnancy centers.
- Local/county level health departments providing on-site health clinics.
- DHHS STD Program – providing funding in clinical environments with free testing at 100 sites statewide. Additional referral services are available through local public health agencies.
- Federally Qualified Health Centers including Charles Drew, One World Health Center, Peoples Health Clinic, Panhandle Community Services, Good Neighbor Community Health

Center, Norfolk Community Health Center.
- Title X Family Planning clinics with 26 sites statewide.
- Indian health services provided at various clinics in Nebraska – with examples being services provided at Fred LeRoy Health and Wellness Center in Omaha, Ponca Hills Health and Wellness Center in Norfolk, and the Carl T Curtis Health Education Center in Macy.

Criterion 5: Severity of Consequences

Untreated STDs can lead to pelvic inflammatory disease, ectopic pregnancy, infertility, and long-term pelvic/abdominal pain. Some STDs such as chlamydia and gonorrhea can be cured with medication. When taken properly, medication can stop the infection and decrease chances of fertility complications.

Other STDs, such as viral STDs like genital herpes, hepatitis B, hepatitis C or HIV cannot be cured, but medication and preventative measures can be utilized to reduce the risk and decrease lifelong medical complications. Youth infected with STDs are more likely to become infected with HIV, if exposed.[11] High-risk or oncogenic HPVs can cause cancer. At least a dozen high-risk HPV types have been identified. Two of these, HPV types 16 and 18, are responsible for the majority of HPV-caused cancers. For most STDs condom use can protect against the spread of STDs. The Food and Drug Administration has approved two HPV vaccines that are highly effective in preventing infections with HPV types 16 and 18.[7]

The Guttmacher Institute estimates that in 2006 Nebraska spent 92.3 million dollars on costs associated with unintended pregnancy (including $55.1 million in federal dollars and $37.2 million in state dollars).[12] These numbers include prenatal care, labor and delivery, postpartum care and one year of care for the infant.

Further, youth that experience unintended pregnancies are less likely than their non-childbearing counterparts to graduate from high school. Only 40% of teen girls who have a child before age 18 get a high school diploma and less than two percent of teen mothers graduate from college by age 30.[13] Reducing the teen birth rate and the unintended pregnancy rate will impact the educational achievement of these teens. Given the increasing importance placed on education with the U.S. economy, ensuring the reproductive health of teens – in part through the delay of childbearing – will likely increase the economic and social success of youth.

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