

Teen Pregnancy in Alabama



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2017 CPM Solutions Alabama Project Description

Our 2017 CPM Solutions Alabama team was assigned the challenge of researching why Alabama's teenage birth rate remains high despite having dropped considerably during the past two decades. Even with a decline, Alabama still had the ninth highest rate of teen births in the nation in 2015. A new CDC (Center for Disease Control) poll shows that about half of Alabama's teens have had sex, despite the fact, that abstinence-centric sexual education is the law in Alabama.

Our team task was to find the answers to the following questions: In what areas of the state is teen pregnancy more and less prevalent? What resources and programs currently exist to educate adolescents about pregnancy? How does Alabama compare to other states that have been successful in reducing the number of teenage pregnancies? What strategies should be considered to reduce the number of teenage pregnancies in Alabama?

Approximately 85% of U.S. parents support evidence-based teen pregnancy prevention programs, which correlates with data generated by a survey of parents in Mobile County, Alabama that revealed 83% of parents are in favor of sexual education being included in public school curriculum.ⁱ Parental support combined with the fact that the teen pregnancy rates are significantly lower in states that offer a comprehensive sexual education program taught in schools, led our team to focus on improving the problem in Alabama by combining the current abstinence education with evidence-based, age-appropriate sex education in schools.

Our team began by identifying different stakeholders within our state, which includes teenagers affected by teen pregnancy and the children of teenage mothers, The Alabama Department of Education (ADE), Alabama Department of Public Health (ADPH), Alabama Medicaid Agency (AMA), Alabama Department of Human Resources (ADHR), parents of school-aged children, churches, non-profit organizations, youth services, the CDC, hospitals, adoption agencies, and various federal government agencies providing resources for combating teen pregnancy.

Research to identify national and individual state's statistics relating to teen pregnancy was conducted, and the findings were compared and contrasted to Alabama specific statistics. Our team researched the resources available to states to combat teen pregnancy, and the resources Alabama has access to and how those resources are utilized. The team also identified the states with the

lowest rates and researched the resources available to those states and how those resources are used in an effort to determine best practices and effective strategies.

In addition, the team researched the cost of teen pregnancy and other challenges teen pregnancy presents. The team contacted two stakeholders, ADPH and the Alabama Campaign to Prevent Teen Pregnancy (ACPTP) to gain additional insight and assistance in regards to the scope of teen pregnancy and its related challenges and possible solutions.

This research led our team to identify specific opportunities and obstacles to further reduce the number of teen pregnancies in Alabama, as well as specific areas where awareness and the involvement of parents, policymakers, and community leaders play a large role in addressing the current rate.

Teen Pregnancy and Its Challenges and Effects

Teen pregnancy is defined as, “pregnancy by a female, age 13 to 19, which is understood to occur in a girl who hasn’t completed her core education—secondary school—has few or no marketable skills, is financially dependent upon her parents and/or continues to live at home and is mentally immature.”ⁱⁱⁱ Teen pregnancy and childbearing rates in the United States are at historic lows, however, the United States continues to have the highest teen pregnancy rate when compared to other well-developed countries.ⁱⁱⁱ In Alabama, the teen birth rate declined 59% between 1991 and 2015 and the teen pregnancy rate declined 47% between 1988 and 2011. Despite this drastic decline, in 2011 Alabama ranked the ninth highest in the number of teen pregnancies and is currently ranked number 41 out of the 50 states (See Figure A) in the number of teen births in the nation.^{iv}

Alabama has a rate of 30.1 births per 1,000 young women ages 15-19, compared to the national rate of 22.3. It is important to note that while the teen pregnancy and birth rates at the national level are based on per 1,000 girls ages 15-19, the State of Alabama determines the state’s teen pregnancy and birth rates based on per 1,000 girls ages 10-19, which skews the comparison of Alabama’s rate to the national level. Based on 2015 Center for Health Statistics, Alabama’s teen birth rate is 15.5 per 1,000 girls aged 10-19, and Alabama’s pregnancy rate is 20.7 per 1,000 girls aged 10-19. Alabama’s pregnancy rate per 1,000 girls aged 15-19 is 40.1.

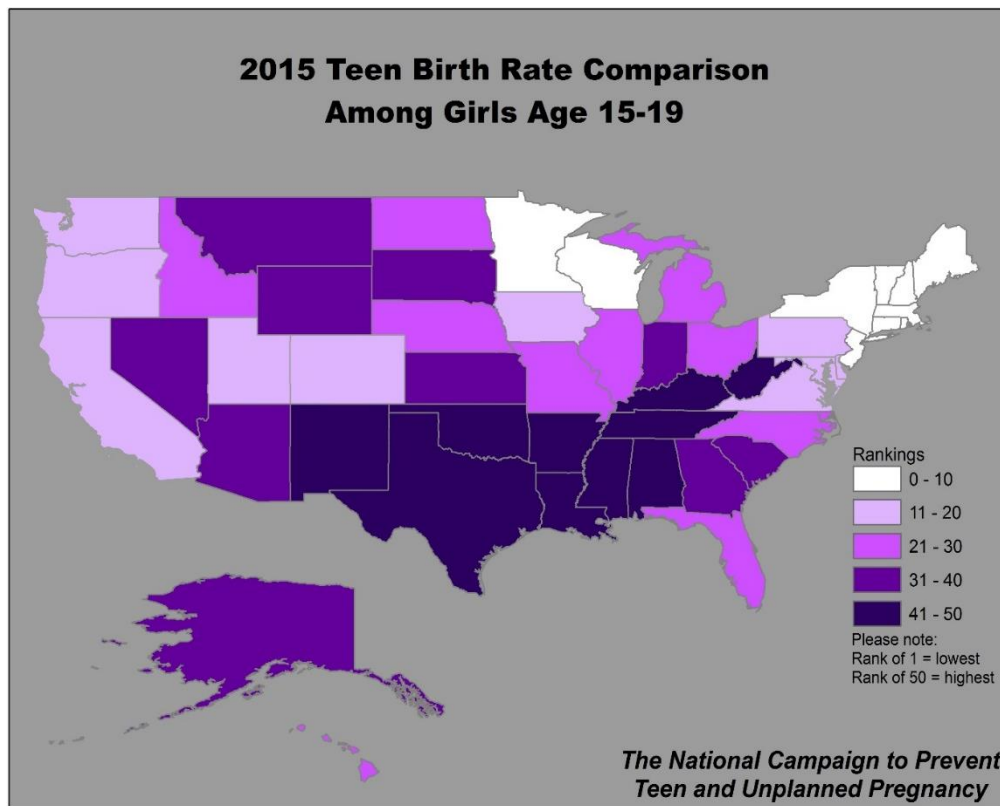


Figure A: 2015 Teen Birth Rate Comparison by State Among Girls Age 15-19

Teen pregnancy and childbearing result in substantial social and economic costs through immediate and long-term impacts on teen parents and their children. Teen pregnancy and childbirth accounted for at least \$9.4 billion in costs to U.S. taxpayers in 2010 due to increases in costs for health and foster care, incarceration, and lost tax revenue resulting from lower educational attainment and income among teen mothers.^v

Teen pregnancy and child birth are significant contributors to high school dropout rates among girls, with only about 50% of teen mothers receiving a high school diploma by 22 years of age, while approximately 90% of women who do not give birth during adolescence graduate from high school.

Additionally, the children of teenage mothers are more likely to have lower school achievement scores, drop out of high school, become incarcerated at some time during adolescence, and experience unemployment as young adults. These children also have a lower birth weight and more health problems as children and adolescents and are more likely to give birth as a teenager, thus creating a cycle as each subsequent generation faces the same challenges.

One of the main causes of teenage pregnancy is peer pressure. Many teens are pressured by their school mates or friends to fit in with their peers. Many of these teenagers let their friends influence their decision in having sex before they are ready and before they fully understand the consequences resulting from having sex which could be an unplanned pregnancy or contracting a sexually transmitted disease. Some teenage girls even believe they will not get pregnant if they engage in sexual activity. Other causes of teenage pregnancy are family-related problems such as exposure to abuse and violence, absent parents, family strife at home, lack of information on sex education, alcohol and drug use, sexual abuse, poverty, low self-esteem, media and social networks glamorizing sex, and low educational ambitions and goals.

In 2015, 48% of high school students reported they had already had sexual intercourse (See Figure B). In Alaska, California, Connecticut, Maryland, Michigan, Nebraska, New York, and Pennsylvania, the number of high school students that reported having sex as a high-schooler ranged from 30.4% to 36.3% -- the lowest range. That range was 36.4% to 38.9% in Idaho, Illinois, Massachusetts, Missouri, New Mexico, North Dakota, Rhode Island and South Dakota, and was 39% to 41.8% in Arizona, Florida, Indiana, Kentucky, Maine, Nevada, New Hampshire and South Carolina. The range was the highest, 41.9% to 48%, in Alabama, Arkansas, Delaware, Mississippi, Montana, North Carolina, Oklahoma, West Virginia, and Wyoming.

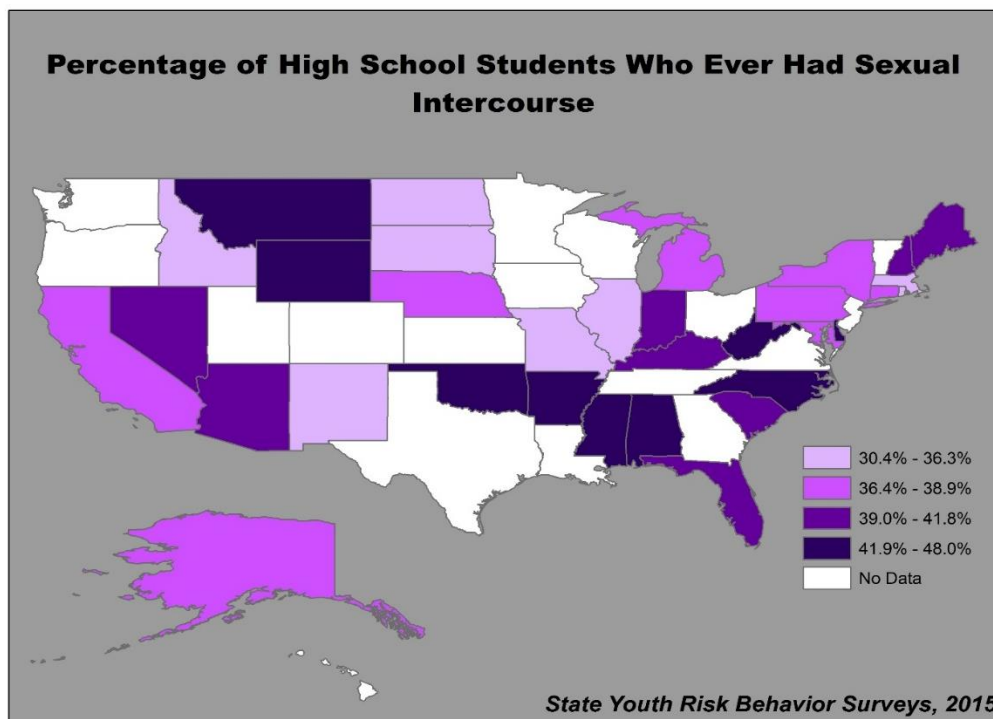


Figure B: National Percentage of High School Students Who Ever Had Sexual Intercourse

Alabama Statistics:

There are currently five regions in Alabama that are used for teenage pregnancy statistics by the Alabama Department of Public Health. In 2015, Alabama had a total of 4,790 teenage births.

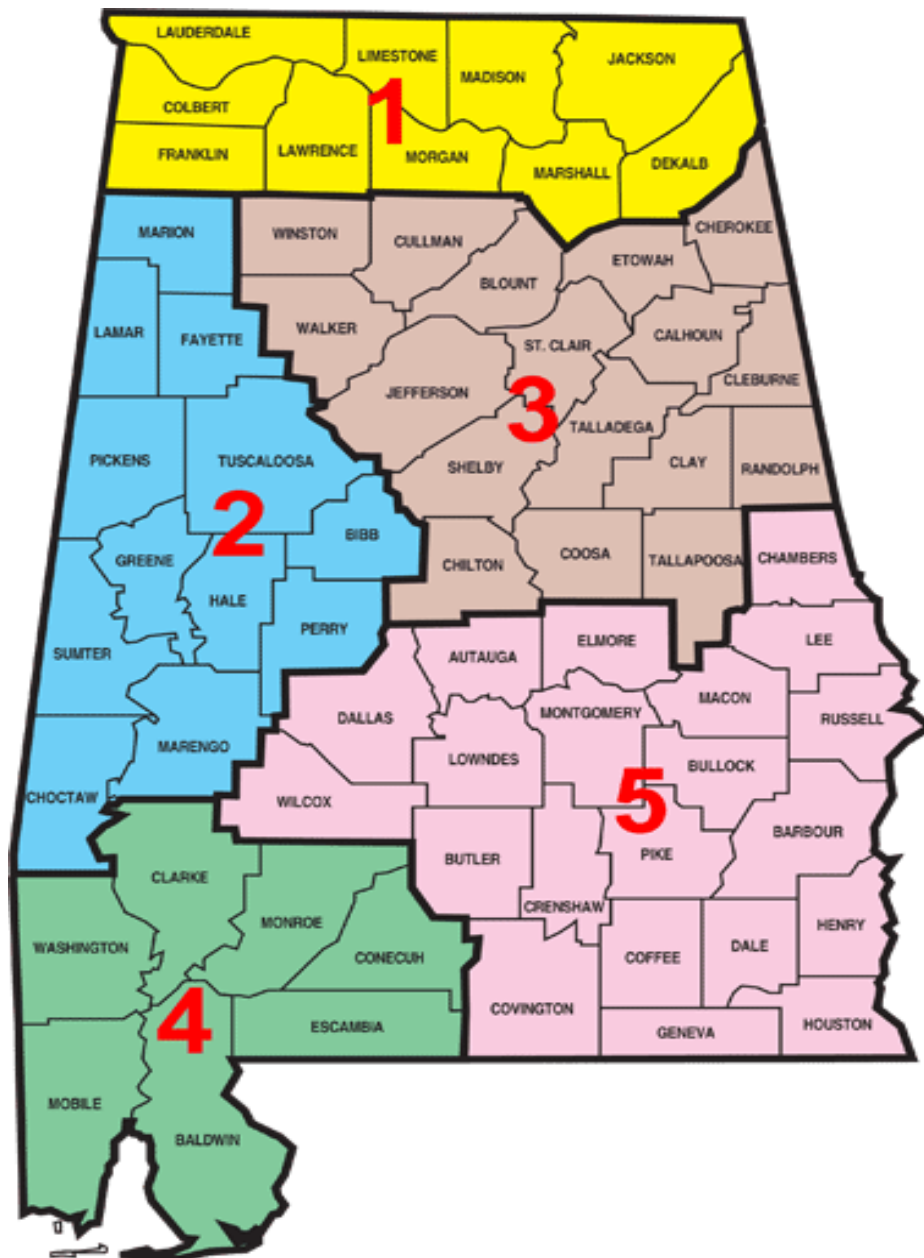


Figure C: State Map by Region

In 2015, Alabama had a total of 6,309 estimated pregnancies among girls aged 10-19. According to the Alabama Department of Public Health, the teen pregnancy rate for 2015 is 20.7 per 1,000 girls ages 10-19 (40.1 if comparing data in girls ages 15-19). The map in Figure D, retrieved from the Alabama Campaign to Prevent Teen Pregnancy website, represents the increase and decrease in teen pregnancy by county between 2014 and 2015.

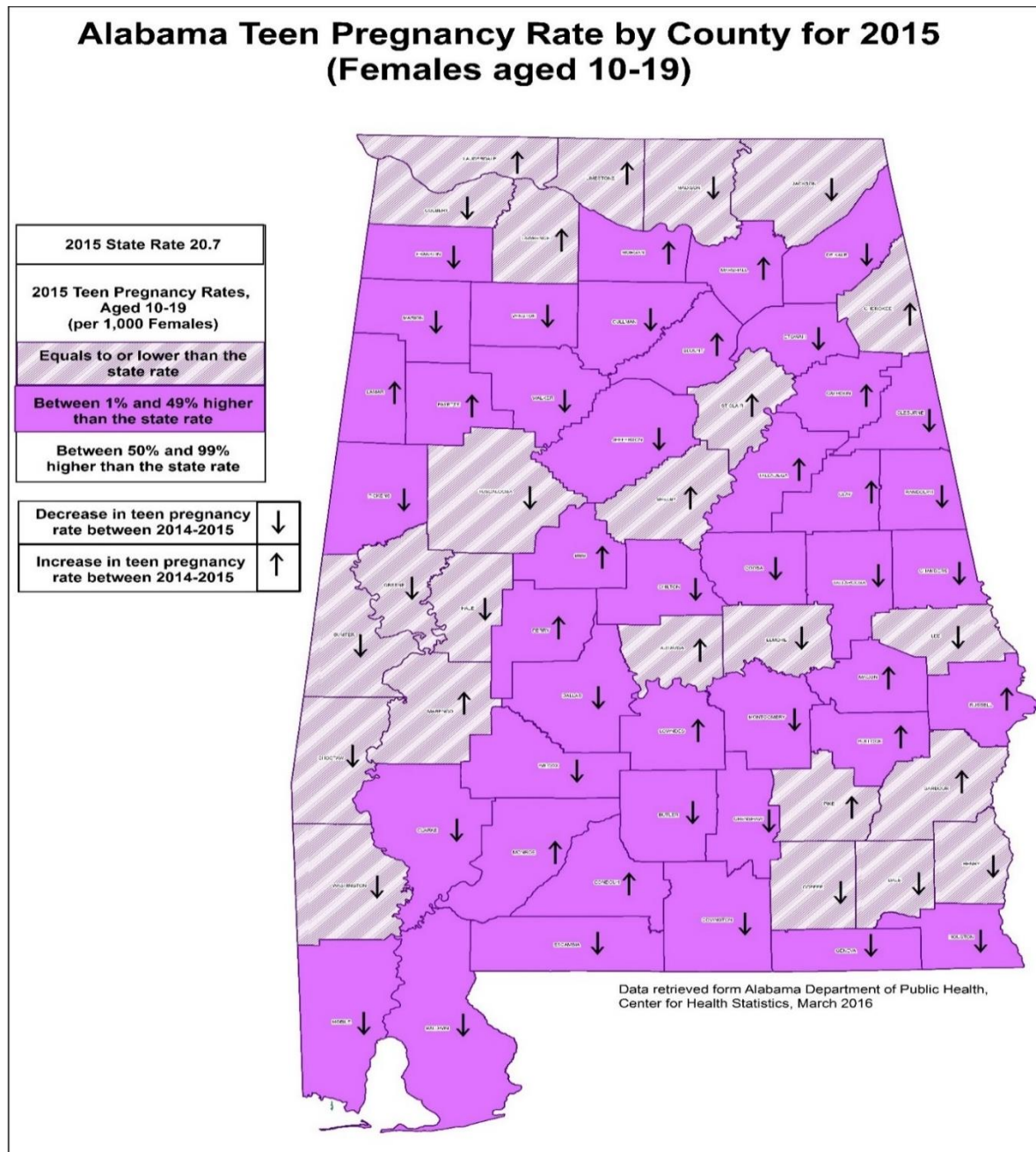


Figure D: Alabama Teen Pregnancy Rate by County

Listed in the following chart (See Chart 1) are the pregnancy rates for each county in Alabama in 2015 per the Alabama Department of Public Health website. The 5 Counties in Alabama with the highest pregnancy rates are: Bullock County, Lamar County, Clay County, Conecuh County, and Walker County. The 5 Counties in Alabama with the lowest pregnancy rates are: St. Clair County, Lee County, Cleburne County, Madison County, and Henry County.

Chart 1: Teen Pregnancy Rates by County

2015 Estimated Teen Pregnancy Rates by County of Residence						
County Name	Rate	Births		County Name	Rate	Births
Autauga	17.8	50		Houston	21.5	108
Baldwin	17.4	175		Jackson	20.2	50
Barbour	18.0	21		Jefferson	20.8	579
Bibb	28.4	28		Lamar	32.5	22
Blount	24.3	71		Lauderdale	16.2	74
Bullock	39.0	14		Lawrence	16.8	25
Butler	24.3	20		Lee	11.8	105
Calhoun	23.6	137		Limestone	17.8	79
Chambers	27.2	42		Lowndes	19.4	9
Cherokee	25.8	31		Macon	27.9	25
Chilton	26.1	58		Madison	14.0	216
Choctaw	19.6	12		Marengo	17.0	13
Clarke	26.4	37		Marion	24.7	34
Clay	31.0	19		Marshall	28.0	132
Cleburne	13.1	10		Mobile	22.6	466
Coffee	15.4	39		Monroe	24.9	30
Colbert	17.2	45		Montgomery	25.7	262
Conecuh	30.2	18		Morgan	26.0	151
Coosa	23.2	8		Perry	26.7	15
Covington	27.1	49		Pickens	21.5	17
Crenshaw	29.3	20		Pike	20.5	35
Cullman	27.5	111		Randolph	28.9	34
Dale	15.7	35		Russell	24.6	73
Dallas	29.3	59		Shelby	20.3	80
DeKalb	22.2	84		St.Clair	11.0	118
Elmore	15.2	56		Sumter	16.2	12
Escambia	24.3	46		Talladega	23.3	92
Etowah	25.7	131		Tallapoosa	23.7	43
Fayette	25.7	18		Tuscaloosa	19.8	188
Franklin	27.5	45		Walker	29.5	91
Geneva	25.0	32		Washington	15.7	14
Greene	18.2	7		Wilcox	26.0	18
Hale	19.9	14		Winston	22.4	27
Henry	14.5	11		Total	20.7	4,790

* Estimated pregnancy rates are per 1,000 females aged 10-19. Rates that apply to populations of less than 1,000 are shaded. Data retrieved from Alabama Vital Statistics 2015 Report.

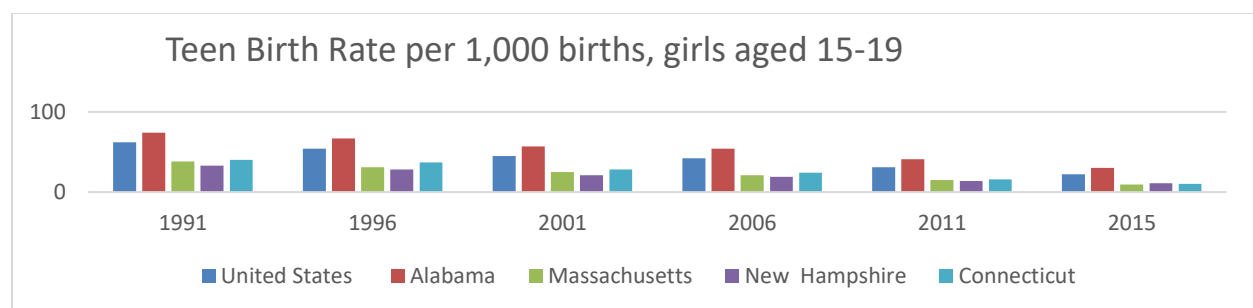
Alabama Teen Pregnancy Rates as Compared to the Rates of Other Select States

Chart 2 below shows the ten states with the lowest and the ten states with the highest birth rates per 1,000 births among girls ages 15-19 along with the total federal funding that each received in 2016. The three states with the lowest birth rates are Massachusetts, Connecticut, and New Hampshire. These three states had rates of around 10.0 per 1,000 births, about one third less than Alabama.

Chart 2: 10 States with Lowest & 10 States with Highest Birth Rates

Top Ten Lowest Birth Rates and Federal Funding Amounts				Top Ten Highest Birth Rates and Federal Funding Amounts			
Rank	State	Rate	Funding	Rank	State	Rate	Funding
1	Massachusetts	9.4	\$2,601,729	41	Alabama	30.1	\$2,199,767
2	Connecticut	10.1	\$2,011,294	42	Tennessee	30.5	\$4,229,999
3	New Hampshire	10.9	\$315,000	43	West Virginia	31.9	\$438,942
4	Vermont	11.6	\$650,000	44	Kentucky	32.4	\$2,360,619
5	New Jersey	12.1	\$3,949,079	45	Louisiana	34.1	\$6,184,079
6	Minnesota	13.7	\$3,520,190	46	Texas	34.6	\$22,776,007
7	Rhode Island	14.3	\$665,000	46	New Mexico	34.6	\$3,383,450
8	New York	14.6	\$17,608,798	48	Mississippi	34.8	\$4,212,065
9	Maine	15.4	\$317,500	48	Oklahoma	34.8	\$5,581,173
10	Wisconsin	16.2	\$932,364	50	Arkansas	38.0	\$1,791,664

The following graph compares Alabama to these states from 1991-2015 in 5 year increments of pregnancy data collected.



Alabama teens are more sexually active in grades 9-12 than the states that have the lowest birth rates and almost twice as many Alabama teens are having sex during their 9th grade year.

Teen Pregnancy Prevention Programs in Alabama as Compared to Other Select States

Alabama relies solely on federal funding as the state does not allocate any resources to combat teen pregnancy. The Alabama Department of Public Health (ADPH) is the agency that receives and manages federal funds received for these programs, and for fiscal year 2016, Alabama received funding totaling \$2,199,767 from Title V abstinence program, DASH, and PREP.

Alabama state law does not require the teaching of sexuality education in schools; however, the State Board of Education did mandate that students in grades 5-12 receive instruction about HIV/AIDS through a health education program. The law addresses only minimum requirements that must be taught should schools choose to offer sex education, but specific content must be developed by each locality's board of education. Alabama, like most states, includes an "opt-out" policy that allows parents to exclude their child from sexuality instruction based on religious objections.

Alabama received \$1,357,675 in 2016 for Alabama's Abstinence Education Program (AAEP) under the Title V Abstinence Education Program. ADPH matches the AAEP funds with in-kind support from sub-grantees and sub-grants are awarded by a competitive selection process. The stated goal of AAEP is to "provide effective, evidence-based abstinence education programs to middle-school youth to equip them to resist sexual risk behaviors and to make better choices as they mature into young adulthood."

AAEP is targeted to those counties that have a teen pregnancy birth rate equal to or exceeding Alabama's teen pregnancy birth rate. In 2016, ADPH awarded sub-grants to the AIM for Hope/Abstinence in Motion Project, Crittenton Youth Services, and Teens Getting Involved for the Future –Auburn University, which provided abstinence programming in Barbour, Bullock, Butler, Chambers, Choctaw, Coffee, Conecuh, Crenshaw, Dallas, DeKalb, Escambia, Hale, Marengo, Marion, Marshall, Mobile, Monroe, Pike, Tuscaloosa, and Wilcox counties.^{vi} AAEP is provided to 6-9th grade youth in school settings as well as community settings.

Alabama received \$60,000 in DASH funding in 2016 for the sole purpose of conducting the Alabama Youth Risk Behavior Survey (YRBS) issued to students in grades 9-12. Alabama did not receive additional DASH funding, which must be applied for by state and local education agencies.

Alabama received \$782,092 in 2016 for PREP funding. Although there is no restriction on the use of the funds in public schools, ADPH's policy does not allow PREP to be taught in public schools, but rather in community based settings. Local public and private entities in Alabama, defined as sub-grantees, are competitively awarded funding to provide PREP programs in community-based settings to youth between the ages of 13-19, which targets at-risk youth that are in foster care or those in juvenile detention. In 2016, ADPH awarded sub-grants to Tuscaloosa County Health Department, Dallas County Children's Policy Council, Decatur Youth Services, and Emerge Community Solutions (based in Jefferson County, Montgomery, and Ozark) that provided PREP in Bibb, Calhoun, Dale, Dallas, Elmore, Etowah, Fayette, Geneva, Greene, Houston, Jefferson, Lee, Macon, Montgomery, Morgan, Pickens, Pike, Randolph, Tuscaloosa, and Wilcox Counties.^{vii} Restricting PREP to community based settings limits the exposure to youth because of the difficulty of getting a large enough group for the individual programs and getting youth to volunteer their time and commit to all the required sessions. One thousand youth were reported to have successively completed the PREP program in FY 2016, which yields an average cost of the program of \$782 per youth.

PREP includes not only the same curricula as in the AAEP program, but also is a comprehensive sexual education program that provides youth with the knowledge and skills to prevent negative health outcomes. The learning objectives for participants of the program include getting to know oneself and determining what the participant's goals, values, and dreams are; learning the building blocks of healthy relationships, recognizing healthy and unhealthy relationships, understanding peer pressure, developing one's own personal stopping place related to physical touch, learning assertiveness techniques to resist peer pressure; learning the consequences of sex that includes pregnancy, STDs, and HIV infection, learning teen pregnancy through the eyes of a child, and reinforcing skills through role play and activities.^{viii}

Even with the resources available, Alabama was ranked the 10th highest in the nation in teen birth rate in 2015, which was 30.1 births per 1,000 young women ages 15-19 as compared to the national rate of 22.3 per 1,000, and ranked 31st in the decline in teen birth rates. AL ranked 8th highest in reported cases of chlamydia among young people ages 15-19 with 2,464 cases per 100,000 as compared to national rate of 1,857.8 per 100,000; 7th highest in reported cases of gonorrhea among young people ages 15-19 with 507.5 cases per 100,000 as compared to the

national rate 341.8 per 100,000; and 19th highest in reported cases of syphilis among young people ages 15-19 with 5.3 cases per 100,000 as compared to the national rate of 5.4 per 100,000.^{ix}

In comparison to the three states that ranked the lowest in teen births, all three have a sexual education policy in place that is clear, concise, and includes collaboration and guidance from the State's Board of Education, and makes federal resources available to schools.

Massachusetts

According to the Massachusetts Department of Public Health website, <http://www.mass.gov/eohhs>, Massachusetts uses a program called TPPP (Teen Pregnancy Prevention Program) that has been efficient in reducing teen pregnancy. Per the website, "The goal of the evidence-based Teen Pregnancy Prevention Program is to promote healthy behavior, responsible decision making and increased opportunities for the commonwealth's most vulnerable youth. Funding is not currently available for statewide services; therefore, programs are targeted to communities with the state's highest teen birth rates. The guiding principle is the investment of all community members in increasing the awareness and ownership of the risks, costs and problems associated with the complexity of teen pregnancy, in order to create local-driven solutions."

The health outcome goals of the TPP program are:

- Increased abstinence and delayed onset of sexual activity among pre-adolescent and adolescent males and females
- Reduced rates of youth engaging in health-related risk behaviors including, but not limited to, risky sexual behaviors
- Decreased incidence of teen pregnancies and births, STIs, and HIV infection

The primary target program population is:

- vulnerable youth, ages 10 to 19
- additional target audiences for broad-based education and awareness activities are parents, schools, agencies, and other community members

Who Benefits:

"Evidence-based Teen Pregnancy Prevention Programs focus on Youth ages 10-19 within targeted high teen birth rate communities. In FY13, funded programs served a total of 17,908 youth, parents and adults in high birth rate communities."^x

Evidence-based Programs:

“Evidence-based teen pregnancy prevention programs are funded in select high-risk communities in Massachusetts to provide evidence-based teen pregnancy prevention services to at-risk youth. Programs are located in the communities of Brockton, Chelsea, Chicopee, Everett, Fall River, Fitchburg, Holyoke, Lawrence, Lowell, Lynn, New Bedford, Springfield and Worcester. Community-based agencies and community health centers are replicating evidence-based programs to prevent primary teen pregnancy, sexually transmitted infections (STIs) including HIV/AIDS, and early sexual activity among youth ages 10-19. Programs being replicated include Making Proud Choices, Teen Outreach Program (TOP), and Focus on Youth. These programs are culturally competent, evidence-based, medically accurate, and are designed to prevent teen pregnancy through comprehensive programming delivered through a public health approach.”^{xi}

Massachusetts’ state law does not require sexual education to be taught, but instead allows local schools to decide the instructional needs. Massachusetts’ Board of Education adopted policy that urges local districts to create programs about sexually transmitted diseases available at every grade level and states “AIDS/HIV prevention education is most effective when integrated into a comprehensive health education and human services program.” The State Standards suggest the human sexual instruction should include sexually transmitted diseases, teen pregnancy, family violence and sound health practices. Massachusetts does have an “opt-out” policy. In 2016, Massachusetts received a total of \$2,601,729 in funding from DASH, TPPP, and state PREP programs allocated and/or awarded to both the state and local entities to be used in schools and community settings.^{xii}

Connecticut

Connecticut’s state law does not require sexual education to be taught in schools but does require human growth and development and disease prevention, and the State Board of Education is required to develop curriculum guidelines. State standards include the value of abstinence, methods and effectiveness of contraception, and prevention of sexually transmitted diseases. In 2016, Connecticut received a total of \$2,011,294 in funding from DASH, TPPP, and state PREP programs allocated and/or awarded to both the state and local entities to be used in schools and community settings. Connecticut does have an “opt-out” policy.^{xiii}

New Hampshire

According to the New Hampshire Department of Health and Human Services (NH DHHS), “the state of New Hampshire has used evidence-based prevention strategies and currently uses a program called PREP (Personal Responsibility Education Program). The NH DHHS, Division of Public Health Services (DPHS) works with community-based agencies in Manchester and Sullivan County to support the Personal Responsibility Education Program (PREP). PREP replicates evidence-based effective programs that have been shown to help reduce sexual activity, increase contraceptive use in already sexually active youth, and ultimately reduce teen pregnancy. In addition, PREP works with teens to build important life skills such as financial literacy, education and employment preparation skills, and healthy communication skills. PREP compliments other teen pregnancy prevention initiatives already supported by DPHS and communities, such as abstinence education and access to comprehensive reproductive health care, including contraception.”

New Hampshire’s state law funds and requires local school boards to provide age appropriate material on sexually transmitted diseases on the human system and the Department of Education is required to develop curriculum for kindergarten through twelfth grade for both public and private schools that cover families and relationships, abstinence, personal responsibility, growth and development, HIV/AIDS and STD awareness. New Hampshire does have an “opt-out” policy. In 2016, New Hampshire only received \$315,000 in funding from DASH and PREP programs; however, New Hampshire funds their statutory sexual education program through the education system.^{xiv}

Alabama Law Regarding Sex Education in Public Schools

According to the Code of Alabama, Section 16-40A-2, the minimum contents to be included in sex education program or curriculum are listed below.

- (a) Any program or curriculum in the public schools in Alabama that includes sex education or the human reproductive process shall, as a minimum, include and emphasize the following:
 - (1) Abstinence from sexual intercourse is the only completely effective protection against unwanted pregnancy, sexually transmitted diseases, and acquired immune deficiency syndrome (AIDS) when transmitted sexually.
 - (2) Abstinence from sexual intercourse outside of lawful marriage is the expected social standard for unmarried school-age persons.
- (b) Course materials and instruction that relate to sexual education or sexually transmitted diseases should be age-appropriate.
- (c) Course materials and instruction that relate to sexual education or sexually transmitted diseases should include all of the following elements:
 - (1) An emphasis on sexual abstinence as the only completely reliable method of avoiding unwanted teenage pregnancy and sexually transmitted diseases.
 - (2) An emphasis on the importance of self-control and ethical conduct pertaining to sexual behavior.
 - (3) Statistics based on the latest medical information that indicate the degree of reliability and unreliability of various forms of contraception, while also emphasizing the increase in protection against pregnancy and protection against sexually transmitted diseases, including HIV and AIDS infection, which is afforded by the use of various contraceptive measures.
 - (4) Information concerning the laws relating to the financial responsibilities associated with pregnancy, childbirth, and child rearing.
 - (5) Information concerning the laws prohibiting sexual abuse, the need to report such abuse, and the legal options available to victims of sexual abuse.
 - (6) Information on how to cope with and rebuff unwanted physical and verbal sexual exploitation by other persons.
 - (7) Psychologically sound methods of resisting unwanted peer pressure.
 - (8) An emphasis, in a factual manner and from a public health perspective, that homosexuality is not a lifestyle acceptable to the general public and that homosexual conduct is a criminal offense under the laws of the state.
 - (9) Comprehensive instruction in parenting skills and responsibilities, including the responsibility to pay child support by non-custodial parents, the penalties for non-payment of child support, and the legal and ethical responsibilities of child care and child rearing. (*Acts 1992, No. 92-590, p. 1216, §2.*)

Resources Available to Combat Teen Pregnancy through Sexual Education

The federal government administers five programs that provide states with funding to help prevent teen pregnancy and sexually transmitted diseases (STDs). This funding helps to offset the costs of preventative programs, and allows states to address the issue of teen pregnancy prevention and/or STDs with relatively little or no funding necessary from the states themselves. Each program has specific requirements that states must meet to qualify for funding.

Title V State Abstinence Education Program

Funded by the U.S. Department of Health and Human Services (HHS), and administered within the Family Youth Services Bureau (FYSB) within the Administration for Children and Families (ACF) Division, Title V State Abstinence Program for Abstinence-Only-Until Marriage (AOUM) program provides funding to states for abstinence, mentoring, counseling and adult supervision to youths aged 10-19. In accordance with federal requirements, qualifying programs must promote abstinence from sexual activity as their exclusive purpose as the only 100% effective way to avoid pregnancy and STDs, must be medically accurate and age-appropriate, and must ensure abstinence is an expected outcome. Title V AOUM program requires states to provide \$3, or the equivalent in services, for every \$4 in federal funding received.^{xv}

Personal Responsibility Education Program (PREP)

Funded by the U.S. Department of Health and Human Services (HHS), and administered within the Family Youth Services Bureau (FYSB) within the Administration for Children and Families (ACF) Division, the State Personal Responsibility Education Program (PREP) grants are awarded to state agencies, with no matching funds required, to educate young people on both abstinence and contraception to prevent pregnancy and sexually transmitted diseases (STDs), including HIV/AIDS. This PREP state-grant program targets youth between the ages of 10-19 and supports “evidence-based programs” that provide medically accurate and age-appropriate information for the prevention of STDs, including HIV/AIDS and unintended pregnancy. This program has been proven to “delay sexual activity, increase condom or contraceptive use for

sexually active youth, or reduce pregnancy among youth”.^{xvi} In addition to the PREP state-grant program, FYSB supports the Personal Responsibility Education Innovative Strategies (PRIES) for innovative programs to prevent unintended teen pregnancy; the Tribal Personal Responsibility Education Program (Tribal PREP) within tribes and tribal communities; and Competitive Personal Responsibility Education Program (CPREP) for those states that do not apply for the Prep state-grant program.^{xvii}

Division of Adolescent and School Health (DASH)

The Division of Adolescent and School Health (DASH), within the Centers for Disease Control and Prevention (CDC), is the agency that supports HIV prevention efforts through schools across the nation. DASH provides funding and technical assistance to HIV/STD prevention programs on a competitively awarded basis that can, among other areas, directly outfit state and local education agencies with essential tools, resources, and professional development training techniques that have been proven to provide students with the knowledge and skills needed to prevent HIV and other STDs. The *Youth Risk Behavior Survey (YRBS)* is one of the tools and resources available to states and is part of the funds that are not competitively awarded. This survey is conducted every two years in participating states that provides comprehensive data about young people’s health risk behaviors in grades 9-12. DASH is a competitively awarded funding program based on tiers that are determined based on an individual state’s needs and is awarded over five year competitive agreements. Only state education agencies are allowed to apply for competitive DASH funding.^{xviii}

Teen Pregnancy Prevention Program

Funded by the U.S. Department of Health and Human Services (HHS), and administered within the Office of Adolescent Health (OAH), the Teen Pregnancy Prevention Program (TPPP) is a national, competitively awarded program that funds organizations (grantees) working to prevent teen pregnancy through five funding tiers that are determined by the state’s needs. This program funds evidence-based, medically-accurate, and age-appropriate programs in addition to implementing new and innovative approaches to reduce teen pregnancy. TPPP reaches youths aged 10-19, focusing on populations with the greatest need.^{xix}

Sexual Risk Avoidance Education Grant Program

Funded by the U.S. Department of Health and Human Services (HHS), and administered within the Family Youth Services Bureau (FYSB) within the Administration for Children and Families (ACF) Division, the “sexual risk avoidance education” (SRAE) is a competitive application process funding for programs that “teach young people to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors.” ^{xx}

Recommendations for Further Reducing the Number of Alabama Teens Becoming Pregnant

Sexuality is a human condition. The actual age of sexual debut is 16-17 years old while the average age of marriage is later at 26-27 years old. As the distance in age between sexual debut and marriage becomes larger, the number of sexual encounters outside of marriage increases making the need for sexual education imperative. The opportunity exists within our schools and in our homes for providing our youth with the education and skills necessary to prevent teen pregnancy and sexually transmitted diseases.

Our findings indicate that the focus on abstinence education, without also including comprehensive, medically-accurate information about how to avoid unwanted pregnancies or how to prevent STDs, does not provide the positive results that programs of responsibility education have produced. Despite the emphasis nationally on abstinence only programs, teen and preteen sexuality has become more prevalent. States that have embraced providing a comprehensive approach, one that includes abstinence education and age-appropriate, medically-accurate sexual education in their schools have seen their rates of teen pregnancy decline by larger percentages. Research shows that young people are more able to prevent teen pregnancy and STDs, and more likely to use contraceptives once they become sexually active, if they receive comprehensive sexual education about both abstinence and how to prevent unwanted pregnancy and STDs. Alabama does not have a comprehensive approach to sexual education in its schools, even though the Alabama law allows schools to offer sexual education to their students.

Requirements for the use of PREP funds meet the requirements set forth in Alabama's sexual education law, however, ADPH limits the use of those funds for programs offered through community based programs. We believe the most economical use of the funds Alabama already receives is to allow school districts to use PREP funding to teach sexual education in their school districts. Community based programs struggle to reach a significant number of youth for reasons that do not exist if the program were offered to students at school, such as transportation to and from the community centers and other after school conflicts that may arise for youth.

Based on our findings, we recommend the following changes to further decrease the number of teen pregnancies in Alabama:

(1) Implement a comprehensive approach to sexual education.

The implementation of a comprehensive approach to sexual education would provide Alabama's youth access to the most effective resources for reducing teen pregnancy. Conclusive evidence indicates that abstinence education supplemented with age-appropriate, medically-accurate sexual education provides students with the fundamental knowledge needed to make well-informed decisions and to act with a sense of propriety and personal responsibility within the relationships they cultivate. The certified sexual education programs, having met the standards for accuracy, relevancy, and effectiveness, guide students in the process of preemptively determining appropriate courses of action when confronted with decisions that have emotional and physical consequences. The objective is to develop and foster complex reasoning and long-term planning in the context of intimate relationships, which without prompting, are skill sets that typically do not naturally develop until after adolescence.

(2) Modify existing policy that limits the use of PREP funds in Alabama school districts.

Expand the PREP Program in Alabama. ADPH's policy limiting the use of PREP funds to organizations for use in only community based programs should be changed to allow all Alabama public schools the opportunity to use the money to implement comprehensive, evidence-based, medically-accurate, and age-appropriate sex education programs in their schools. A comprehensive approach would emphasize the benefits of abstinence education

with information on safe sex practices as well. PREP programs require both abstinence and safe sex education to be taught as part of the approved curriculum, which in turn would meet the requirements set forth in Alabama's sex education law. PREP could be presented as an option for students in high school health class with parental consent as a requirement for attendance. Education is the key element to reducing teen pregnancy in Alabama and the public school system is a more efficient way to educate teenagers.

(3) Continue to seek additional federal grant funding.

The Alabama State Department of Education and the Alabama Board of Education should actively seek out and apply for other federal grants available to the state for implementation of appropriate sex education programs in Alabama public schools, such as grants from the CDC's Division of Adolescent and School Health (DASH) and from the U.S. Dept. of Health and Human Services' Teen Pregnancy Prevention Program (TPPP). These grants fund better student health initiatives, implement HIV/STD prevention as well as evidence-based, medically-accurate, and age-appropriate programs to reduce teen pregnancy. An opportunity for additional funding should not be passed up even if the grant is competitive based.

(4) Increase public awareness of comprehensive sexual education and its benefits.

We are hopeful that increasing public awareness of the benefit that comprehensive, evidence-based, medically-accurate, and age-appropriate sex education programs have on the youth of our state will lead to changes in the education currently available to our youth. We strongly suggest that state and local policy makers and educators review the data produced by the surveys conducted through the 2017 Public Policy Project, and being mindful of its findings, develop and implement a comprehensive, statewide policy on providing sexual education to students in Alabama public schools.

The 2017 Alabama Public Policy Project and Surveys

The Alabama Campaign to Prevent Teen Pregnancy, the University of Alabama at Birmingham, the University of South Alabama, and the FOCUS Program partnered

together on the 2017 Public Policy Project that focused on the assessment of the current sexual health education policy in Alabama, in order to make informed recommendations for policy development generated from the assessment. Specifically, the assessments surveyed four affected or relevant groups as follows:

- Parents/caregivers of youth in Alabama public schools were surveyed to assess their support of medically-accurate and age-appropriate sexual health education in the school setting.
- All Alabama school systems were surveyed to assess the scope and content of sexual health education provided in Alabama's public schools.
- Student focus groups consisting of Alabama public school children were surveyed to assess their views on the current scope of sexual health education in Alabama and what they believe would improve current conditions.
- Community leaders involved in the county level Councils on Child Policy.

This group of surveys was conducted by a partnership of organizations qualified to assess the current sexual education policy and practices, and they are the first of their kind, in their scope and comprehensive nature, ever to be conducted in Alabama.

(5) Encourage Parental Involvement.

We encourage the parents of school-aged children to get involved in school health education by advocating for comprehensive, medically-accurate, age-appropriate sex education. Specifically, parents should learn what their child's school is teaching and the school system's policy on sex education. Parental involvement at meetings of the local school board is also important if policy changes are needed. In addition, parents should acknowledge that sexual education is important, and that parents are only one of the primary educators of young people.

Conclusion

We applaud the work being done in Alabama to prevent teen pregnancy. We encountered people and organizations who devote their lives to the cause. We discovered that there are resources available to our State that reduce teen pregnancy.

With dedication, awareness of the issue, and a willingness to talk about it and bring about much-needed change, we can do more for the youth of our state to ensure that they reach their full potential. Our team has worked hard to fully grasp the scope of the problem, both nationally and statewide, to research the resources available to our state and the programs that have proven to be successful, and to offer our solutions for further reducing the teen pregnancy rate in Alabama. Our hope is that this project brings awareness to the subject and ignites a passion to work together as a state to bring forth positive change.

References

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